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## **Return of Organization Exempt From Income Tax**

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

OMB No 1545 0047 2009

Department of the Treasury Internal Revenue Service

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

| Open to | <b>Public Inspection</b> |
|---------|--------------------------|
|         |                          |

|                                | For the  | he 2009 calend             | lar year, c             | or tax year be     | ginning 4/0              | 1 <u>, 2</u> 0  | 09, and ending                               | g 3/31   |                | ,              | 2010                                       |
|--------------------------------|----------|----------------------------|-------------------------|--------------------|--------------------------|---|--|--|----------------|----------------|--|
| В                              | Check    | ıf applicable              |                         | С                  |                          |   |  | D  | Employe        | r Identific    | ation Number                               |
|                                |          | ddress change              | Please use<br>IRS label | TIJITNOT!          | S FERTILIZE              | R & CHEMICAL  |  |  | 36-2           | 6721           | 26   |
|                                |          | -                          | or print                | ASSOCIA:           |                          | . a chilinoni   |  | ┢  | Telephon       |                |  |
|                                | $\vdash$ | ame change                 | or type<br>See          | P.O. BOX           |                          |   |  | -  | •              |                |  |
|                                |          | itial return               | specific<br>Instruc-    |                    | GTON, IL 61              | 702   |  | <u> </u>   | 309-           | <u>827-</u>    | 2114                                       |
|                                | T∈       | ermination                 | tions                   | 22001.2111         | 31011, 12 01             | , 02  |  |  |                |                |  |
|                                | Ar       | mended return              |                         |                    |                          |   |  | G  | Gross red      | ceipts \$      | 917,276.                                   |
|                                |          | pplication pending         | F Name a                | and address of pr  | incipal officer          |   |  | H(a) Is this a gi                                | roup return    | for affilia    | tes? Yes X No                              |
|                                | ш.       | , ,                        |                         | AS C ABOY          | JE.                      |   |  | H(b) Are all affi                                | ılıates ınclu  | ded?           | Yes No                                     |
| $\overline{}$                  | Tav      | -exempt statu              |                         |                    | )◀ (insert no.)          | 4047(0)(1) 0*   | 527  | If 'No,' atta                                    | ach a list (   | see instri     | uctions)                                   |
| ÷                              |          |                            |                         |                    | ) - (IIISEIT IIO.)       | 4947(a)(1) or   |  |  |                | _              |  |
| <del></del>                    |          |                            | W.IFCA                  |                    |                          | 1   |  | H(c) Group exe                                   |                |                | <del></del>                                |
| K                              |          | of organization            | Corpora                 | ation Trust        | X Association            | Other ►   | L Year of Format                             | on 1966  | M Sta          | ate of leg     | al domicile IL                             |
| 1 2                            | rt I     | Summa                      |                         |                    |                          |   |  |  |                |                |  |
|                                | 1        | Briefly describ            | be the org              | ganızatıon's n     | nssion or most sig       | gnificant activities.                                     | <u>TO ASSIS'</u>                             | <u>r and re</u>                                  | <u> EPRESE</u> | <u>NT_T</u>    | HE <u>CROP</u>                             |
| ø                              |          |                            |                         |                    |                          | DUSTRY AND PRO  | <u> THE TOMC</u>                             | <u>SOUND</u>                                     | <u>STEWA</u> ļ | RDSH1          | IP AND                                     |
| ä                              |          | UTILIZAT                   | ION OF                  | -AGRICUI           | TURAL INPU               | rs  |  |  |                |                |  |
| Activities & Governance        |          |                            |                         |                    |                          |   |  |  |                |                |  |
| ŏ                              | 2        | Check this bo              | x ►                     | if the organiz     | ation discontinue        | d its operations or dis                                   | sposed of mor                                | e than 25%                                       | of its ass     | sets           |  |
| g                              |          |                            |                         |                    | overning body (Pa        |   | ·  |  | 1              | 3              | 15   |
| 8                              | 4        | Number of inc              | dependen                | nt voting mem      | bers of the govern       | ning body (Part VI, li                                    | ne 1b)                                       |  |                | 4              | 15   |
| ij                             | 5        | Total number               | of employ               | yees (Part V,      | line 2a)                 |   |  |  | Г              | 5              | 3  |
| ŧ                              | 6        | Total number               | of volunt               | eers (estimat      | e if necessary)          |   |  |  |                | 6              | 65   |
| ď                              | 7a       | Total gross ur             | nrelated b              | ousiness reve      | nue from Part VII        | I, column (C), line 12                                    |  |  |                | 7a             | 0.   |
|                                | Ь        | Net unrelated              | business                | s taxable inco     | me from Form 99          | 0-T, line 34  |  |  | Г              | 7b             | 0.   |
|                                |          |                            |                         |                    |                          |   |  | Pric   | or Year        |                | Current Year                               |
|                                | 8        | Contributions              | and aran                | te (Part VIII      | line 1h)                 |   |  | 1110   | 93,80          | 10             | 98,700.                                    |
| Revenue                        | 9        | Program serv               |                         |                    |                          |   |  | <del>                                     </del> | 599,-95        |                | 71-7,-486 <sup>-</sup>                     |
| _ §_                           | _        |                            |                         |                    | nn (A), lines 3, 4,      |   |  | <del></del>                                      | 31,84          |                | 29,220.                                    |
| æ                              |          |                            |                         |                    |                          | 9c, 10c, and 11e)   |  | -  | 82,38          |                | 71,870.                                    |
|                                | 12       |                            |                         |                    |                          |   | line 10)                                     | <b>——</b>  | 807,98         |                | 917,276.                                   |
|                                | -        |                            |                         |                    |                          | Part VIII, column (A),                                    | iiie 12)                                     | +  | 007,30         | <del>'' </del> | 311,210.                                   |
|                                | 13       |                            |                         |                    | art IX, column (A)       | •   |  |  |                |                |  |
|                                | 14       |                            |                         |                    | ोंगे IX, column (A),     |   |  |  |                |                |  |
| ø                              | 15       |                            |                         |                    |                          | rt IX, column (A), lın                                    | es 5-10)                                     |  | 260,72         | 23.            | 318,018.                                   |
| Expenses                       | 16a      | Professional,              | fundraisin              | ng fees (Paft      | X, column (A), lin       | ie 11e)   |  |  |                |                |  |
| be                             | Ь        | Total undrais              | NG ∦ 8<br>Sing exper    | nses (Part IX      | column (D), line         | 25) ▶   |  |  |                |                |  |
| ũ                              | 17       | Other dypens               | oc (Bort I              | V solumo (7)       | ), lines 11a-11d, 1      | 116 246   |  | <del></del>                                      | 365,84         | 10             | 459,712.                                   |
|                                |          |                            |                         |                    |                          |   |  |  |                |                |  |
|                                |          |                            |                         |                    |                          | column (A), line 25)                                      |  |  | 626,56         |                | 777,730.                                   |
|                                | 19       | Revenue less               | expense                 | s. Subtract III    | le 18 from line 12       |   |  | <u> </u>   | 181,42         | 24.            | 139,546.                                   |
| Not Assets or<br>Fund Balances |          |                            |                         |                    |                          |   |  | Beginni  | ng of Ye       | ar             | End of Year                                |
| 1 4                            | 20       | Total assets (             | (Part X, III            | ne 16)             |                          | •   |  | 1,0  | 056,67         | 71.            | 1,332,312.                                 |
| Ϋ́                             | 21       | Total liabilities          | s (Part X,              | , line 26)         |                          |   |  |  | 6,31           | 2.             | 44,813.                                    |
| ΣĘ                             | 22       | Net assets or              | fund bala               | ances, Subtra      | ct line 21 from lin      | e 20  |  | 1.0  | 050,35         | 59.            | 1,287,499.                                 |
| Pa                             | irl II   | Signati                    | ure Blo                 | ck                 |                          | . – .   |  |  | ,              |                |  |
|                                |          | Under penaltie             | s of permity            | I declare that I h | ave examined this retui  | n uncluding accompanying                                  | schodules and sta                            | tomonto and to                                   | the best o     | f my kno       | udodgo and holiof it is                    |
|                                |          | true, correct, a           | nd complete             | e Declaration of p | reparer (other than offi | n, including accompanying<br>cer) is based on all informa | ition of which prep                          | arer has any kn                                  | owledge        | / IIIy KIIO    | wieuge and belief, it is                   |
| Sig                            | ın       | ▶ /                        | lan .                   | u Yau              | ( <b>16</b> )            |   |  | ı  | 8              | /12 /          | 1,6  |
| He                             | re       | Signature                  | officer                 |                    | 4,                       |   |  | Date   | <del></del>    | <u> 187</u>    | 70   |
|                                |          |                            | -                       | 11 5               | ເ                        | and last  |  | Date   |                | •              |  |
|                                |          |                            | rint name an            |                    | INE, to                  | ESIDENT   |  |  |                |                |  |
| _                              |          | Type or pr                 | - Harrie an             |                    |                          | <del>.</del>  | <del></del>                                  |  |                |                |  |
| _                              |          |                            |                         |                    |                          |   | Date   | Check<br>self                                    | k if           | (see           | arer's identifying number<br>instructions) |
| Pa                             |          | Preparer's                 | . RO                    | 0.4                | $\Omega$                 |   | 9//  | emple  | oyed ►         |                |  |
| Pro                            |          | signature                  | M                       | man WC             | · Herel                  | CPA   | <u>                                     </u> |  |                | P0             | 0040282                                    |
| pa<br>Us                       | rer's    | Firm's name (d             | or ILL                  | INOIS AG           | RICULTURAL               | AUDITING ASSO   | CIATION                                      |  |                |                |  |
| Or                             |          | yours if self<br>employed) |                         | SUSAN D            |                          |   |  | EIN  | ▶ 36           | -125           | 2710                                       |
|                                | ''y      | address, and<br>ZIP + 4    |                         |                    | 61761-6206               | ···   |  | Phon   |                | (309)          |  |
| Mar                            | / the I  |                            |                         |                    |                          | ? (see instructions)                                      |  | rnon   | U 110 -        | (202)          | X Yes No                                   |
|                                |          |                            |                         |                    |                          | e the separate instru                                     | etione                                       |  |                | 10/62/2        |  |
| <u>о</u> д                     | ror      | I HVACY ACT A              | mu raper                | WOIK REQUES        | OH ACCINOTICE, SE        | e ine separate instru                                     | cuons.                                       | TE   | EEA0113L       | 12/29/09       | Form <b>990</b> (2009)                     |

|     |   |           | Yes | No       |
|-----|---|-----------|-----|----------|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A   | 1         |     | Х        |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?  | 2         |     | Х        |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I  | 3         |     | X        |
| 4   | Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II  | 4         |     |          |
| 5   | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III   | 5         |     | X        |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I  | 6         |     | Х        |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II                                       | 7         |     | X        |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III   | 8_        |     | <u> </u> |
| 9   | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV | 9         |     | х        |
| 10  | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V  | 10        |     | X        |
| 11  | Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or $X$ as applicable  | 11        | Х   |          |
| •   | Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI  |           |     |          |
| •   | 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  |           |     | -        |
| - ( | • 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  |           |     |          |
|     | 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  |           |     |          |
|     | Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X   |           |     |          |
|     | • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X              | <u> </u>  |     |          |
| 12  | Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII  | 12        | Х   |          |
|     | AWas the organization included in consolidated, independent audited financial statement for the tax  Yes No   |           |     |          |
| 12  | year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional  [12 A] X  | 12        |     | v        |
|     | Is the organization a school described in section 170(b)(1)(A)(ii)? I <i>f 'Yes,' complete Schedule E</i> . a Did the organization maintain an office, employees, or agents outside of the United States?   | 13<br>14a |     | X        |
|     | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I                             | 14b       |     | X        |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II                                       | 15        |     | Х        |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III   | 16        |     | <u>x</u> |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I  | 17        |     | Х        |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II  | 18        |     | X        |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III  | 10        |     | v        |
| 20  | Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H   | 19<br>20  |     | Х<br>Х   |
|     |   |           |     |          |

Form 990 (2009) ILLINOIS FERTILIZER & CHEMICAL

Part IV | Checklist of Required Schedules (continued)

|             |   | Т —  | - T |           |
|-------------|---|------|-----|-----------|
|             |   |      | Yes | No        |
| 21          | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II  | 21   |     | х         |
| 22          | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III   | 22   |     | х         |
| 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? <i>If 'Yes,' complete Schedule J</i>                       | 23   |     | Х         |
| <b>24</b> a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25 | 24a  |     | Х         |
| b           | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b  |     |           |
| c           | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  | 24c  |     |           |
| d           | Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?   | 24d  |     |           |
| <b>25</b> a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I   | 25a  |     |           |
| b           | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I               | 25b  |     |           |
| 26          | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II  | 26   |     | Х         |
| 27          | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III                     | 27   |     | х         |
| 28          | Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).  |      |     |           |
| а           | A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV   | 28a  |     | <u> X</u> |
| b           | A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part-IV  | 28b  |     | Х         |
| c           | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV  | 28c  |     | Х         |
| 29          | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M  | 29   |     | Х         |
| 30          | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M  | 30   |     | Х         |
| 31          | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I  | 31   |     | Х         |
| 32          | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II  | 32   |     | Х         |
| 33          | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I  | 33   |     | Х         |
| 34          | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1   | 34   |     | Х         |
| 35          | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2   | 35   |     | Х         |
| 36          | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2  | 36   |     |           |
| 37          | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI   | 37   |     | Х         |
| 38          | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O  | 38   | Х   |           |
| BAA         |   | Forn | 990 | (2009)    |

Form **990** (2009)

|   |          | Yes | No       |  |  |  |
|---|----------|-----|----------|--|--|--|
| 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S Information Returns. Enter -0- if not applicable  1a  | 0        |     |          |  |  |  |
| <b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.   | <u>기</u> |     |          |  |  |  |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming<br>(gambling) winnings to prize winners?   | 1c       |     |          |  |  |  |
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  2a  | 3        |     |          |  |  |  |
| 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b       | Х   | ļ        |  |  |  |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)  |          |     |          |  |  |  |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by<br>this return?  | 3a       |     | Х        |  |  |  |
| <b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O  | 3b       |     |          |  |  |  |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                           | 4a       |     | Х        |  |  |  |
| <b>b</b> If 'Yes,' enter the name of the foreign country.   |          |     |          |  |  |  |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.   | ]        |     |          |  |  |  |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a       |     | Х        |  |  |  |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b       |     | Х        |  |  |  |
| c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited<br>Tax Shelter Transaction?   | 5c       |     |          |  |  |  |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  | 6a       |     | х        |  |  |  |
| <b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?  |          |     |          |  |  |  |
| 7 Organizations that may receive deductible contributions under section 170(c).   | 6b       |     |          |  |  |  |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?   | 7a       |     |          |  |  |  |
| <b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?  | 7b       |     |          |  |  |  |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  | 7c       |     |          |  |  |  |
| d If 'Yes,' indicate the number of Forms 8282 filed during the year   |          |     |          |  |  |  |
| e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | 7e       |     |          |  |  |  |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | _7f      |     |          |  |  |  |
| g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?  | 7g       |     |          |  |  |  |
| h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?   | 7h       | ,   |          |  |  |  |
| 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | R        |     |          |  |  |  |
| 9 Sponsoring organizations maintaining donor advised funds.   | l *      |     |          |  |  |  |
| a Did the organization make any taxable distributions under section 4966?   | 9 a      |     | ĺ        |  |  |  |
| <b>b</b> Did the organization make any distribution to a donor, donor advisor, or related person?   | 9b       |     |          |  |  |  |
| 10 Section 501(c)(7) organizations. Enter   |          |     | <u> </u> |  |  |  |
| a Initiation fees and capital contributions included on Part VIII, line 12  |          |     |          |  |  |  |
| <b>b</b> Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | 1        |     |          |  |  |  |
| 11 Section 501(c)(12) organizations. Enter.   | 1        |     |          |  |  |  |
| a Gross income from other members or shareholders.  |          |     |          |  |  |  |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )  | ]        |     |          |  |  |  |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  | 12a      |     |          |  |  |  |
| b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b   |          |     |          |  |  |  |

BAA

Form **990** (2009)

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

| Section             | n A. Governing Body and Management  |  |         |        |          |  |  |
|---------------------|---|--|---------|--------|----------|--|--|
|                     |   |  |         | Yes    | No       |  |  |
| 1a Ent              | er the number of voting members of the governing body   | 1a 15  |         |        |          |  |  |
| <b>b</b> Ent        | er the number of voting members that are independent  | 1 <b>b</b> 15  |         |        |          |  |  |
|                     | any officer, director, trustee, or key employee have a family relationship or a business rel<br>cer, director, trustee or key employee?   | ationship with any other                                   | 2       |        | Х        |  |  |
| 3 Did               | the organization delegate control over management duties customarily performed by or ui<br>officers, directors or trustees, or key employees to a management company or other perso   | nder the direct supervision                                | 3       |        | Х        |  |  |
| 4 Did               | 4 Did the organization make any significant changes to its organizational documents   |  |         |        |          |  |  |
|                     | ce the prior Form 990 was filed?  | 11-2   | ا ہا    |        | v        |  |  |
|                     | the organization become aware during the year of a material diversion of the organization<br>es the organization have members or stockholders?  | 's assets? .   | 5<br>6  |        | X        |  |  |
|                     |   |  | -       |        |          |  |  |
| gov                 | es the organization have members, stockholders, or other persons who may elect one or neering body?   |  | 7a      |        | X        |  |  |
| <b>b</b> Are        | any decisions of the governing body subject to approval by members, stockholders, or other  | ner persons?   | 7b      | _      | X        |  |  |
| 8 Did<br>the        | the organization contemporaneously document the meetings held or written actions under following.   | taken during the year by                                   |         |        |          |  |  |
| a The               | governing body?   |  | 8a      |        | X        |  |  |
| <b>b</b> Ead        | ch committee with authority to act on behalf of the governing body?   |  | 8Ь      |        | X        |  |  |
| 9 Ist<br>org        | here any officer, director or trustee, or key employee listed in Part VII, Section A, who can<br>anization's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>                                      | not be reached at the                                      | 9       |        | _X       |  |  |
| Section             | n B. Policies (This Section B requests information about policies not   | required by the Interna                                    | ı/      |        |          |  |  |
| Revenue             | Code )  |  |         | т      |          |  |  |
| 10 5                |   |  | -       | Yes    | No_      |  |  |
|                     | es the organization have local chapters, branches, or affiliates?   |  | 10a     |        | X        |  |  |
| b If '\<br>and      | (es,' does the organization have written policies and procedures governing the activities of<br>thranches to ensure their operations are consistent with those of the organization?   | such chapters, affiliates,                                 | ⁻10Ь    |        |          |  |  |
|                     | s the organization provided a copy of this Form 990 to all members of its governing body b  |  | 11      | Х.     |          |  |  |
|                     | scribe in Schedule O the process, if any, used by the organization to review this Form 990.   | SEE SCHEDULE O   |         | 1      |          |  |  |
|                     | es the organization have a written conflict of interest policy? If 'No,' go to line 13  |  | 12a     |        | X        |  |  |
| to d                | e officers, directors or trustees, and key employees required to disclose annually interests to conflicts?  | •  | 12b     |        |          |  |  |
| <b>c</b> Doe<br>Scl | es the organization regularly and consistently monitor and enforce compliance with the poli<br>hedule O how this is done  | cy? If 'Yes,' describe in                                  | 12c     |        |          |  |  |
| <b>13</b> Doe       | es the organization have a written whistleblower policy?  |  | 13      |        | X        |  |  |
| 14 Do               | es the organization have a written document retention and destruction policy?   |  | 14      |        | <u>X</u> |  |  |
| 15 Did<br>per       | the process for determining compensation of the following persons include a review and a sons, comparability data, and contemporaneous substantiation of the deliberation and dec   | pproval by independent sion?                               |         |        |          |  |  |
| a The               | e organization's CEO, Executive Director, or top management official  |  | 15a     |        | X        |  |  |
| <b>b</b> Oth        | er officers of key employees of the organization  |  | 15b     |        | X        |  |  |
| If 'Y               | es' to line 15a or 15b, describe the process in Schedule O. (See instructions.)   |  |         |        |          |  |  |
|                     | the organization invest in, contribute assets to, or participate in a joint venture or similar atty during the year?  | irrangement with a taxable                                 | 16a     |        | X        |  |  |
| ın jı               | (es,' has the organization adopted a written policy or procedure requiring the organization<br>bint venture arrangements under applicable federal tax law, and taken steps to safeguard<br>tus with respect to such arrangements? | to evaluate its participation<br>the organization's exempt | 16b     |        |          |  |  |
|                     | 1 C. Disclosures  | <del> </del>   | וטטו    |        |          |  |  |
|                     | the states with which a copy of this Form 990 is required to be filed NONE  | <del> </del>   |         |        |          |  |  |
| <b>18</b> Sec       | ction 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and pection. Indicate how you make these available. Check all that apply.  | d 990-T (501(c)(3)s only) avai                             | lable f | or pub | olic     |  |  |
|                     | Own website   |  |         |        |          |  |  |
|                     | scribe in Schedule O whether (and if so, how) the organization makes its governing docum tements available to the public. SEE SCHEDULE O  |  |         |        | cial     |  |  |
|                     | te the name, physical address, and telephone number of the person who possesses the be  |  | nizatio | n.     |          |  |  |
| <u> </u>            | AN PAYNE P.O. BOX 1326 BLOOMINGTON IL 61702 309-827-27  | /4   |         |        |          |  |  |

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

#### 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 organizations's tax year. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of 'key employees'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if the organization did not compensate any current officer, director, or trustee.

| (A)                     | (B)<br>Average    | (c) Position (check all that apply) |                       |         | ls à         | (D)                          | (E)      | (F)   |  |  |
|-------------------------|-------------------|-------------------------------------|-----------------------|---------|--------------|------------------------------|----------|---|--|--|
| Name and Title          | hours<br>per week | Individual trustee or director      | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   | Reportable compensation from the organization (W 2/1099 MISC) | Reportable compensation from related organizations (W 2/1099 MISC) | Estimated amount of other compensation from the organization and related organizations |
| MARTIN CASE             |                   |                                     |                       |         |              |                              |          |   |  |  |
| DIRECTOR                | 0                 | Х                                   | Н                     |         |              |                              |          | 0.  | 0.   | 0.   |
| JEFF EGGLESTON DIRECTOR | 0                 | Х                                   |                       |         |              |                              |          | 0.  | 0  | 0  |
| TERRY HABROCK           |                   |                                     | -                     |         |              |                              | -        | U.  | 0.   | 0.   |
| VICE-CHAIR              | <del></del>       | <u></u>                             | -                     | X       |              |                              | <u> </u> | <del></del>   |  |  |
| JIM MCNELLY             | <u>~</u> _        | <del>'''</del>                      |                       |         |              |                              |          | 0.  | 0.   |  |
| CHAIRMAN                | 1 0               | Х                                   | l                     |         |              |                              |          | o.  | 0.   | 0.   |
| RODNEY PHELPS           |                   | 1                                   |                       |         |              |                              |          |   |  |  |
| FINANCE                 | 0                 | Х                                   |                       | Χ       |              |                              |          | 0.  | 0.   | 0.   |
| BILL ROMSHEK            |                   |                                     |                       |         |              |                              |          |   |  |  |
| EXEC COMMITEE           | 0                 | X                                   |                       | X       |              |                              |          | 0.  | 0.   | 0.   |
| DENNIS ROSS             |                   |                                     |                       |         |              |                              |          |   |  |  |
| DIRECTOR                | 0                 | Х                                   | L                     |         |              |                              |          | 0.  | 0.   | 0.   |
| GARY RUFF               | _                 |                                     |                       |         |              |                              |          |   |  |  |
| DIRECTOR                | 0                 | Х                                   | Ш                     |         |              |                              |          | 0.  | 0.   | 0.   |
| SCOTT SCHERTZ DIRECTOR  |                   | ,,                                  | li                    |         |              |                              |          |   |  |  |
| ROBIN SCHROEDER         | 0                 | Х                                   | Н                     |         |              |                              |          | 0.  | 0.   | 0.   |
| DIRECTOR                | 0                 | Х                                   |                       |         |              |                              |          | 0.  |  | 0  |
| MARK STIVERS            |                   | <u> </u>                            | Н                     |         |              |                              |          | U.  | 0.   | 0.   |
| SECRETARY               | 0                 | X                                   |                       | Х       |              |                              |          | 0.  | 0.   | 0.   |
| MARK TARTER             |                   | <b>-</b>                            | Н                     |         |              |                              |          | <u> </u>  | <u> </u>   | <u></u>  |
| EX-OFFICIO              | 0                 | l x                                 |                       | Х       |              |                              |          | 0.  | 0.   | 0.   |
| JAMIE SOUTHARD          |                   |                                     |                       |         |              |                              |          |   |  | <u></u>  |
| DIRECTOR                | 0                 | X                                   |                       |         |              |                              |          | 0.  | 0.   | 0.   |
| BRIAN_WADDELL           |                   |                                     |                       |         |              |                              |          |   |  |  |
| DIRECTOR                | 0                 | Х                                   |                       |         |              |                              |          | 0.  | 0.   | 0.   |
| DANIEL ZINCK            |                   |                                     |                       |         |              |                              |          |   |  |  |
| CHAIRMAN                | 0                 | Х                                   | Ш                     | Х       |              |                              |          | 0.  | 0.   | 0.   |
| TRAVIS WEAVER           |                   |                                     |                       |         |              |                              |          |   |  |  |
| DIRECTOR                | 0                 | Х                                   | Ш                     |         |              |                              |          | 0.  | 0.   | 0.   |
| JEAN PAYNE              |                   |                                     |                       |         |              |                              |          |   |  |  |
| PRESIDENT               | 40                |                                     | لــِــا               | Χ       |              |                              | ــــا    | 0.  | 0.   | 0.   |

| Part VII   Section A. Officers, Directors, Trus   | tees, l  | Key      | En                    | npl      | oye      | es   | , an     | d Highest Co   | mpensated Em  | ploye       | es (c                   | ont.)     |
|---|--|----------|-----------------------|----------|----------|--|----------|--|---|-------------|-------------------------|-----------|
| (A)   | (B)  |          |                       |          | c)       |  |          | (D)  | (E)   |             | (F)                     |           |
| Name and Title  | Average<br>hours                                 |          |                       |          | k all t  | hat a  |          |  | Reportable  |             | stimated                |           |
|   | per week   | or d     | ısu                   | Officer  | æ        | High   | Former   | compensation from<br>the organization<br>(W 2/1099 MISC) | compensation from<br>related organizations<br>(W 2/1099 MISC) | cor         | unt of ot<br>npensati   | on        |
|   |  | vidu     | Institutional trustee | cer      | emj      | Highest compensated  | mer      | (W 2/1099 MISC)  | (W 2/1099 MISC)   | or          | from the                | ภ         |
|   | ł  | or to    | nal                   |          | employee | com  |          |  |   |             | nd relate<br>janizatioi |           |
|   |  | stee     | trust                 |          | ď        | pens   |          |  |   |             |                         |           |
|   | İ  |          | ee                    |          |          | ated   |          |  |   |             |                         |           |
|   |  |          | Ш                     |          |          | $ldsymbol{ld}}}}}}$ |          |  | z   |             |                         |           |
| KEVIN RUNKLE  |  |          |                       |          |          |  |          |  |   |             |                         |           |
| REGULATORY MNGR   | 0  |          | Щ                     | X        | ļ        |  |          | 0.   | 0.  |             |                         | <u>0.</u> |
| LESLIE FORREST  |  |          |                       |          |          |  |          | _  | _   |             |                         |           |
| OFF & PROG MNGR   | 0  |          | Щ                     | X        | <u> </u> | <u> </u>   |          | 0.   | 0.  | ,. <u> </u> |                         | <u>0.</u> |
|   |  |          |                       |          |          |  |          |  |   |             |                         |           |
| <del></del>   | <b> </b>   |          | ⊢                     | <u> </u> | <u> </u> | <u> </u>   |          |  |   |             |                         |           |
|   |  |          |                       |          |          |  |          |  |   |             |                         |           |
|   | ļ <u>.</u>                                       | ļ        | <u> </u>              | <u> </u> | _        | $\vdash$   |          |  |   |             |                         |           |
|   |  |          |                       |          |          |  |          |  |   |             |                         |           |
| <del></del>   | <del> </del>                                     |          | <u> </u>              |          | ┝        |  |          |  |   |             |                         |           |
|   |  |          |                       |          |          |  |          |  |   |             |                         |           |
|   |  |          | -                     |          | ├—       | _  | $\vdash$ |  |   |             |                         |           |
|   |  |          |                       |          |          |  |          |  |   |             |                         |           |
|   |  | H        |                       |          |          |  | _        |  |   |             |                         |           |
|   |  |          |                       |          |          |  |          |  |   |             |                         |           |
|   | <del>                                     </del> | $\vdash$ | Н                     |          | ⊢        | _  | Н        |  |   |             |                         |           |
|   |  |          |                       |          |          |  |          |  |   |             |                         |           |
|   | <del> </del>                                     | -        |                       |          | ⊢        | _  | $\vdash$ |  |   |             |                         |           |
|   | İ  |          |                       |          |          |  |          |  |   | ·           |                         |           |
|   |  |          |                       |          | ┢        |  | -        |  |   |             |                         |           |
|   |  |          |                       |          |          |  |          |  |   |             |                         |           |
|   | <del> </del>                                     |          | $\vdash$              |          | ┢        |  | $\vdash$ |  |   |             |                         |           |
|   |  |          |                       |          |          |  |          |  |   |             |                         |           |
|   |  |          |                       |          | -        |  | $\vdash$ |  |   |             |                         |           |
|   |  |          |                       |          |          |  |          |  |   | 1           |                         |           |
| 1b Total  | L  |          |                       |          | 1        |  | ▲        | 0.   | 0.  |             |                         | 0.        |
| 2 Total number of individuals (including but not limited  | to thos  | e list   | ted :                 | abov     | ve) v    | who  | rece     |  |   | le com      | nensat                  |           |
| from the organization • 0   |  |          |                       |          |          |  |          | or our more than $\phi$                                  | roo,ooo iir roportab  |             | porisat                 |           |
|   |  |          |                       |          |          |  |          | *  |   |             | Yes                     | No        |
| 3. Did the executation but any forman officer discrete  |  | . 1.     |                       |          |          |  |          |  | d t   |             |                         |           |
| 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in      | or truste<br>Idividual                           | e, K     | ey e                  | mpi      | oye      | e, o   | rnig     | nest compensated   | a employee  | 3           | 1                       | Х         |
| 4 For any individual listed on line 1a, is the sum of rep<br>the organization and related organizations greater the | ortable  | com      | pen                   | satio    | on a     | nd o   | othe     | r compensation fr  | om  |             |                         |           |
| the organization and related organizations greater the individual   | nan \$150  | 0,000    | )? //                 | 'Ye      | s' c     | omp  | iete     | Schedule J for su  | ıch   | 4           |                         | х         |
|   |  |          |                       |          |          |  |          |  |   | -4          |                         | <u> </u>  |
| 5 Did any person listed on line 1a receive or accrue or<br>rendered to the organization? If 'Yes,' complete Sch     | mpensa   | ation    | from                  | m ar     | ny u     | nrel   | ated     | organization for s                                       | services  | 5           | i                       | x         |
| Section B. Independent Contractors  | ieuule J   | 101 3    | SUCI                  | per      | 301      |  |          |  |   | 1 3         | l                       |           |
| 1 Complete this table for your five highest compensate  | ed indep   | ende     | ent o                 | cont     | ract     | ors  | that     | received more that                                       | an \$100,000 of   |             |                         |           |
| compensation from the organization.   |  |          |                       |          |          |  |          |  |   |             |                         |           |
| (A)   |  |          |                       |          |          |  |          | (B)  | ,   | (           | C)                      |           |
| Name and business addres  | s  |          |                       |          |          |  |          | Description of   | of Services   | Comp        | ensatio                 | n         |
|   |  |          |                       |          |          |  |          |  |   |             |                         |           |
|   |  |          |                       |          |          |  |          |  |   |             |                         |           |
|   |  |          |                       |          |          |  |          |  |   |             |                         |           |
|   |  |          |                       |          |          |  |          |  |   |             |                         |           |
|   |  |          |                       |          |          |  |          |  |   |             |                         |           |
|   |  |          |                       |          |          |  |          |  |   |             | ,,, ,,,,,,              |           |
| 2 Total number of independent contractors (including  | _  | ımıte    | ed to                 | the      | se       | ıste   | d ab     | ove) who received  | d more than   |             |                         |           |
| \$100,000 in compensation from the organization   | O .  |          |                       |          |          |  |          |  | <b>!</b>  |             |                         |           |

| Pa  | 1 VIII Statement of Revenue   |                      |   |   | <del>,</del>  |
|---|---|----------------------|---|---|---|
|   |   | (A)<br>Total revenue | (B) Related or exempt function revenue  | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| TS<br>S   | 1a Federated campaigns 1a   |                      |   |   |   |
| PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS | b Membership dues 1 b   |                      |   |   |   |
| N. G.   | c Fundraising events 1c   | ]                    |   |   |   |
| AR A  | d Related organizations 1 d   |                      |   |   | 1   |
| S,G   | e Government grants (contributions) 1 e   | :                    |   |   | }   |
| S S   | All other contributions gifts grants and  |                      |   |   | 1   |
| 5 2   | f All other contributions, gifts, grants, and similar amounts not included above 1 f 98,700 |                      |   |   |   |
| F O   | g Noncash contribns included in lns 1a-1f. \$   | ].                   |   |   |   |
| 8≤  | h Total. Add lines 1a-1f  | 98,700.              |   |   |   |
| IUE   | Business Code   |                      |   |   |   |
| S.  | 2a CONVENTIONS  | 246,647.             | 246,647.                                |   | <u> </u>  |
| E E   | b MEMBERSHIP DUES & ASSESSMENTS   | 228,790.             | 228,790.                                |   |   |
| ž.  | c MIDWEST AG INDUSTRIES EXP   | 197,570.             | 197,570.                                |   | ļ   |
| SE  | d MEMBER SERVICE INCOME   | 28,386.              | 28,386.                                 |   |   |
| ₹AM   | e PROGRAMS  | 16,093.              | 16,093.                                 |   |   |
| 50  | f All other program service revenue.  |                      |   | ·····                                   |   |
|   |   | 717,486.             |   |   |   |
|   | 3 Investment income (including dividends, interest and other similar amounts)               | 29,220.              |   |   | 29,220.   |
|   | 4 Income from investment of tax-exempt bond proceeds  | 29,220.              |   |   | 23,220.   |
|   | 5 Royalties   | <b>-</b>             |   |   | <del> </del>  |
|   | (i) Real (ii) Personal  |                      |   |   |   |
|   | 6a Gross Rents  | _                    |   |   |   |
|   | b Less. rental expenses   | 1                    |   |   |   |
| -   | c Rental income or (loss)   | 1                    |   |   |   |
|   | d Net rental income or (loss)   | 7                    |   |   | 1   |
|   | 7a Gross amount from sales of (i) Securities (ii) Other                                     |                      |   |   |   |
|   | assets other than inventory   | 7                    |   |   |   |
|   | <b>b</b> Less: cost or other basis  | 1                    |   |   |   |
|   | and sales expenses  |                      |   |   |   |
|   | c Gain or (loss)  | ]                    |   |   |   |
|   | d Net gain or (loss)  | •                    |   |   |   |
| UE  | 8a Gross income from fundraising events (not including \$                                   |                      |   | 1                                       |   |
| S.  | of contributions reported on line 1c).  | į                    |   |   |   |
| OTHER REVENU                                      | See Part IV, line 18 a  | <u> </u>             |   |   |   |
| 풀   | b Less. direct expenses b   | 7                    |   |   |   |
| 0   | c Net income or (loss) from fundraising events  | •                    |   | _                                       |   |
|   | 9a Gross income from gaming activities<br>See Part IV, line 19.                             |                      |   |   |   |
|   | b Less. direct expenses b   | 7                    |   |   |   |
|   | c Net income or (loss) from gaming activities   | -                    | <u> </u>                                |   |   |
|   | 10a Gross sales of inventory, less returns and allowances                                   |                      |   |   |   |
|   | b Less cost of goods sold b   |                      |   |   |   |
|   | c Net income or (loss) from sales of inventory  | F                    | <u> </u>                                |   | 1   |
|   | Miscellaneous Revenue Business Code   |                      | , | . ,                                     |   |
|   | 11a MISCELLANEOUS   | 71,870.              |   |   | 71,870.   |
|   | b   |                      |   |   |   |
|   | c   |                      |   |   |   |
|   | d All other revenue   |                      |   |   |   |
|   | o rotali / (dd iii) co ri d ri d  | 71,870.              |   |   |   |
|   | 12 Total revenue. See instructions  | 917,276.             | 717,486.                                | 0                                       | . 101,090.  |

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| Do not include amounts reported on lines<br>6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | ( <b>B)</b> Program service expenses | (C) Management and general expenses | <b>(D)</b><br>Fundraising<br>expenses |
|---|-----------------------|--------------------------------------|-------------------------------------|---------------------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21   |                       |                                      |                                     |                                       |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22   |                       | -,                                   |                                     |                                       |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16  | ,,,,,                 |                                      |                                     |                                       |
| 4 Benefits paid to or for members   |                       |                                      |                                     |                                       |
| 5 Compensation of current officers, directors, trustees, and key employees  | 0.                    | 0.                                   | 0.                                  | 0                                     |
| 6 Compensation not included above, to<br>disqualified persons (as defined under<br>section 4958(f)(1) and persons described in<br>section 4958(c)(3)(B)   | 0.                    | 0.                                   | 0.                                  | 0                                     |
| 7 Other salaries and wages  | 275,974.              | 171,104.                             | 104,870.                            |                                       |
| 8 Pension plan contributions (include section<br>401(k) and section 403(b) employer<br>contributions)   | 23,533.               | 14,590.                              | 8,943.                              |                                       |
| 9 Other employee benefits.  | 18,511.               | 11,477.                              | 7,034.                              |                                       |
| 10 Payroll taxes  |                       |                                      |                                     | ·                                     |
| 11 Fees for services (non-employees)  |                       |                                      |                                     |                                       |
| a Management  |                       |                                      |                                     |                                       |
| <b>b</b> Legal  |                       |                                      |                                     |                                       |
| c Accounting  |                       |                                      |                                     | -                                     |
| <b>d</b> Lobbying   |                       | ,                                    |                                     |                                       |
| e Prof fundraising svcs. See Part IV, In 17   |                       |                                      |                                     |                                       |
| f Investment management fees  |                       |                                      |                                     |                                       |
| <b>g</b> Other  |                       | -                                    |                                     |                                       |
| 12 Advertising and promotion  | -                     | <del></del>                          |                                     | <del></del>                           |
| 13 Office expenses  | 13,763.               | 8,130.                               | 5,633.                              |                                       |
| 14 Information technology   | 7,838.                | 140.                                 | 7,698.                              |                                       |
| 15 Royalties  |                       |                                      | •                                   |                                       |
| 16 Occupancy  | 4,013.                |                                      | 4,013.                              |                                       |
| 17 Travel   | 27,281.               | 5,759.                               | 21,522.                             |                                       |
| Payments of travel or entertainment expenses for any federal, state, or local public officials  |                       |                                      |                                     |                                       |
| 19 Conferences, conventions, and meetings   |                       |                                      |                                     |                                       |
| 20 Interest   |                       |                                      |                                     |                                       |
| 21 Payments to affiliates   |                       |                                      |                                     |                                       |
| 22 Depreciation, depletion, and amortization  | 13,472.               |                                      | 13,472.                             |                                       |
| 23 Insurance  | 9,217.                |                                      | 9,217.                              |                                       |
| 24 Other expenses, Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)                                 |                       |                                      |                                     |                                       |
| a DIRECT PROGRAM EXPENSES   | 257,253.              | 251,151.                             | 6,102.                              |                                       |
| b RENTAL EXPENSES   | 40,666.               | 31,303.                              | 9,363.                              |                                       |
| c PRINTING AND PUBLICATIONS   | 35,157.               | 30,687.                              | 4,470.                              |                                       |
| d DUES & SUBSCRIPTIONS  | 12,540.               | 1,900.                               | 10,640.                             |                                       |
| e PROFESSIONAL FEES   | 10,262.               |                                      | 10,262.                             |                                       |
| f All other expenses  | 28,250.               | 6,728.                               | 21,522.                             |                                       |
| 25 Total functional expenses Add lines 1 through 24f  | 777,730.              | 532,969.                             | 244,761.                            | 0                                     |
| 26 Joint costs. Check here ▶ ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. |                       |                                      |                                     |                                       |
| BAA   | l,                    |                                      |                                     | Form <b>990</b> (2009                 |

|                            |  | <b>(A)</b><br>Beginning of year |     | ( <b>B)</b><br>End of year             |
|----------------------------|--|---------------------------------|-----|--|
| 1                          | Cash — non-interest-bearing  | 173,914.                        | 1   | 339,841.                               |
| 2                          | Savings and temporary cash investments   | 1,120.                          | 2   | 380.                                   |
| 3                          | Pledges and grants receivable, net   |                                 | 3   |  |
| 4                          | Accounts receivable, net   |                                 | 4   |  |
| 5                          | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L    |                                 | 5   |  |
| 6                          | Receivables from other disqualified persons (as defined under section 4958(f)(1))  |                                 | 1   |  |
|                            | and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L.  |                                 | 6   |  |
| A 7 8 8 T 9                | Notes and loans receivable, net.   |                                 | 7   |  |
| <u> </u>                   | Inventories for sale or use  |                                 | 8   |  |
| s 9                        | Prepaid expenses and deferred charges  |                                 | 9   |  |
| 10 a                       | Land, buildings, and equipment. cost or other basis.  Complete Part VI of Schedule D   |                                 |     | 111101 111 11101                       |
| 1 1                        | Less accumulated depreciation. 10b 119, 223.   | 31,115.                         | 10c | 19,795.                                |
|                            | Investments – publicly-traded securities   |                                 | 11  |  |
| 12                         | Investments – other securities. See Part IV, line 11   |                                 | 12  |  |
| 13                         | Investments – program-related See Part IV, line 11   |                                 | 13  |  |
| 14                         | Intangible assets  |                                 | 14  |  |
| 15                         | Other assets. See Part IV, line 11   | 850,522.                        | 15  | 972,296                                |
| 16                         | Total assets. Add lines 1 through 15 (must equal line 34)  | 1,056,671.                      | 16  | 1,332,312                              |
| 17                         | Accounts payable and accrued expenses  | 6,312.                          | 17  | 24,813                                 |
| 18                         | Grants payable .   | 0,312.                          | 18  | 24,013                                 |
| 19                         | Deferred revenue.  | <u> </u>                        | 19  | ······································ |
| 누 20                       | Tax-exempt bond liabilities  | <del></del>                     | 20  | ······································ |
| A 21                       | Escrow or custodial account liability. Complete Part IV of Schedule D  |                                 | 21  |  |
| B 21<br>1 22               | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II | : " " " - " -                   |     |  |
| Ť                          | of Schedule L  |                                 | 22  |  |
| E   23                     | Secured mortgages and notes payable to unrelated third parties   |                                 | 23  |  |
| 24                         | Unsecured notes and loans payable to unrelated third parties   |                                 | 24  |  |
| 25                         | Other liabilities. Complete Part X of Schedule D   |                                 | 25  | 20,000                                 |
| 26                         | Total liabilities. Add lines 17 through 25   | 6,312.                          | 26  | 44,813.                                |
| N -                        | Organizations that follow SFAS 117, check here ► X and complete lines  |                                 | -   | /                                      |
| Ĕ                          | 27 through 29 and lines 33 and 34.   |                                 |     |  |
| § 27                       | Unrestricted net assets  | 1,015,910.                      | 27  | 1,255,111.                             |
| Š 28                       |  | 34,449.                         | 28  | 32,388.                                |
| 토   28<br>S   29           | Permanently restricted net assets  |                                 | 29  |  |
| R                          | Organizations that do not follow SFAS 117, check here ▶ □ and complete   |                                 |     |  |
| _                          | lines 30 through 34.   |                                 |     |  |
| F   30                     | Capital stock or trust principal, or current funds   |                                 | 30  |  |
| - 1                        | Paid-in or capital surplus, or land, building, and equipment fund  |                                 | 31  |  |
| Å   32                     | Retained earnings, endowment, accumulated income, or other funds   |                                 | 32  | ······                                 |
| B 31<br>32<br>N 33<br>E 34 | Total net assets or fund balances.   | 1,050,359.                      | 33  | 1,287,499.                             |
| ğ 34                       | Total liabilities and net assets/fund balances.  | 1,056,671.                      | 34  | 1,332,312.                             |
| BAA                        |  | 2,000,011.                      |     | Form <b>990</b> (2009                  |

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

BAA

Form 990 (2009)

# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545 0047

Open to Public Inspection

| anie or the organization  |   | Employer Identification flumber  |  |  |
|---|---|--|--|--|
| ILLINOIS FERTILIZER & CHEMICAL ASSOCIATION  | 36-2672126  |  |  |  |
| Part I Organizations Maintaining Dono the organization answered 'Yes' t   | r Advised Funds or Other Similar Fun<br>o Form 990, Part IV, line 6.                                | ds or Accounts Complete if   |  |  |
|   | (a) Donor advised funds   | (b) Funds and other accounts   |  |  |
| 1 Takal assashasi ak and ak saas  | (a) Bonor advised funds   | (b) i unus and other accounts  |  |  |
| 1 Total number at end of year   |   |  |  |  |
| 2 Aggregate contributions to (during year)  | · · · · · · · · · · · · · · · · · · ·   |  |  |  |
| 3 Aggregate grants from (during year)   |   |  |  |  |
| 4 Aggregate value at end of year  |   |  |  |  |
| 5 Did the organization inform all donors and dono funds are the organization's property, subject to   |   | r advised Yes No   |  |  |
| 6 Did the organization inform all grantees, donor-<br>used only for charitable purposes and not for the<br>purpose conferring impermissible private benef   | ne benefit of the donor or donor advisor or for ar  | may be<br>y other Yes No   |  |  |
| Part II Conservation Easements Comple   | ete if the organization answered 'Yes'  | to Form 990, Part IV, line 7.  |  |  |
| 1 Purpose(s) of conservation easements held by  |   | <del> </del>   |  |  |
| Preservation of land for public use (e.g., re   |   | an historically important land area  |  |  |
|   |   |  |  |  |
| Protection of natural habitat   | Preservation of   | certified historic structure   |  |  |
| Preservation of open space  |   |  |  |  |
| 2 Complete lines 2a through 2d if the organizatio last day of the tax year  | n held a qualified conservation contribution in the   | e form of a conservation easement on the   |  |  |
|   |   | Held at the End of the Year  |  |  |
| a Total number of conservation easements  |   | 2a   |  |  |
| <b>b</b> Total acreage restricted by conservation easen   | nents   |  |  |  |
| c Number of conservation easements on a certifi   |   | 2c   |  |  |
|   |   | 2d   |  |  |
| d Number of conservation easements included in  | • •   |  |  |  |
| 3 Number of conservation easements modified, t  | ransferred, released, extinguished, or terminated   | by the organization during the tax   |  |  |
| year ►  4 Number of states where property subject to cor  | nservation easement is located ►  |  |  |  |
| 5 Does the organization have a written policy reg   | arding the periodic monitoring, inspection, hand  | ing of violations,   |  |  |
| and enforcement of the conservation easement  Staff and volunteer hours devoted to monitoring   | t it holds?   | Yes   No   |  |  |
| during the year   | g, mspeeding, and emoreing conservation casem   |  |  |  |
| 7 Amount of expenses incurred in monitoring, insiduring the year ►  | specting, and enforcing conservation easements  | \$   |  |  |
| 8 Does each conservation easement reported on 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?   | line 2(d) above satisfy the requirements of section   | on Yes No  |  |  |
| 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. |   |  |  |  |
| Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets  |   |  |  |  |
| Complete if the organization ans  | wered 'Yes' to Form 990, Part IV, line  | 8.   |  |  |
| 1 a If the organization elected, as permitted under<br>treasures, or other similar assets held for publi<br>the text of the footnote to its financial statemen  | c exhibition, education, or research in furtherand  | t and balance sheet works of art, historical<br>e of public service, provide, in Part XIV, |  |  |
| b If the organization elected, as permitted under<br>treasures, or other similar assets held for publi<br>amounts relating to these items.  | SFAS 116, to report in its revenue statement and c exhibition, education, or research in furtherand |  |  |  |
| (i) Revenues included in Form 990, Part VIII,   | line 1  | <b>►</b> \$  |  |  |
| (ii) Assets included in Form 990, Part X  |   | <b>≯</b> \$  |  |  |
| 2 If the organization received or held works of ar amounts required to be reported under SFAS 1   |   |  |  |  |
| a Revenues included in Form 990, Part VIII, line  | -   | <b>►</b> \$  |  |  |
| <b>b</b> Assets included in Form 990, Part X  |   | ► \$   |  |  |
|   | •   | т  |  |  |

| Schédule <b>D</b> (Form 990) 2009 ILLIN   | NOIS FERTILIZ                                  | ZER & CHEMICAL                                      |   | 36-267                       | 72126           | Page 2   |
|---|--|---|---|------------------------------|-----------------|----------|
| Part III Organizations Mainta   |  |   |   |                              |                 |          |
| 3 Using the organization's acquisition items (check all that apply)             | on accession and ot                            |   | ,   | at are a significant use     | of its collecti | on       |
| a Public exhibition   |  | <b>—</b>  | change programs                           |                              |                 |          |
| b Scholarly research  |  | e Other   | <del></del>                               | ·                            | <del></del>     |          |
| c Preservation for future general   |  |   | . f.ulbar the error.                      | akanla awamat awana          |                 |          |
| 4 Provide a description of the organ<br>Part XIV.                               | nzation's collections                          | s and explain now they                              | nurtner the organiz                       | ation's exempt purpos        | e in            |          |
| 5 During the year, did the organizat assets to be sold to raise funds re        | tion solicit or receive<br>ather than to be ma | e donations of art, hist<br>intained as part of the | orical treasures, or organization's colle | other similar<br>ction?      | Yes             | No       |
| Part IV Escrow and Custodia   | I Arrangements                                 | Complete if orga                                    | anization answe                           | red 'Yes' to Form            | 990, Part I     | V, line  |
| 9, or reported an amo   | unt on Form 99                                 | 0, Part X, line 21                                  |   |                              |                 |          |
| 1a Is the organization an agent, trus included on Form 990, Part X?             | ,  | •   |   | r assets not                 | Yes             | No       |
| <b>b</b> If 'Yes,' explain the arrangement                                      | in Part XIV and con                            | nplete the following ta                             | ble                                       | r                            |                 |          |
| _   |  |   |   |                              | Amount          |          |
| c Beginning balance   |  |   |   | 1c                           |                 |          |
| d Additions during the year   |  |   |   | 1 d                          |                 |          |
| e Distributions during the year   |  |   |   | 1e                           |                 |          |
| f Ending balance  |  |   |   | 1f]                          |                 |          |
| 2a Did the organization include an ai   | mount on Form 990,                             | , Part X, line 21?                                  |   |                              | Yes             | ∐ No     |
| b If 'Yes,' explain the arrangement   |  |   |   |                              |                 |          |
| Part V   Endowment Funds Co   | mplete if organi                               | <u>ızation answered</u>                             | <u>'Yes' to Form 9</u>                    | <u>90, Part IV, line 1</u>   | 0.              |          |
|   | (a) Current year                               | (b) Prior year                                      | (c) Two years back                        | (d) Three years back         | (e) Four ye     | ars back |
| 1 a Beginning of year balance   |  |   | <u> </u>                                  |                              |                 |          |
| <b>b</b> Contributions  |  |   |   |                              |                 |          |
| c Net Investment earnings, gains, and losses                                    |  |   |   |                              |                 |          |
| d Grants or scholarships  |  |   |   |                              |                 |          |
| — e-Other-expenditures for facilities = and programs                            |  |   |   |                              |                 | *******  |
| f Administrative expenses   |  |   |   |                              | 1               | ,        |
| <b>g</b> End of year balance  |  |   |   |                              |                 |          |
| 2 Provide the estimated percentage  | of the year end ba                             | lance held as.                                      |   |                              |                 |          |
| a Board designated or quasi-endow   | /ment ►  | 8   |   |                              |                 |          |
| <b>b</b> Permanent endowment ▶  | <del></del>                                    |   |   |                              |                 |          |
| c Term endowment ►  | *  |   |   |                              |                 |          |
| 3a Are there endowment funds not in organization by                             | n the possession of                            | the organization that                               | are held and admini                       | stered for the               | Yes             | No       |
| (i) unrelated organizations   |  |   |   |                              |                 | + "      |
| (i) unrelated organizations  (ii) related organizations  3a(ii)                 |  |   |   | +                            |                 |          |
| <del></del>   |  |   |   | 3b                           | <del> </del>    |          |
| 4 Describe in Part XIV the intended uses of the organization's endowment funds. |  |   |   |                              |                 |          |
| Part VI Investments—Land, B   |  |   |   | line 10                      |                 |          |
|   |  |   |   |                              | (d) Death       | Value    |
| Description of investment   |  | est or other basis (I                               | b) Cost or other basis (other)            | (c) Accumulated Depreciation | <b>(d)</b> Book | value    |

1 a Land **b** Buildings c Leasehold improvements 119,223. **d** Equipment 139,018. 19,795. e Other 19,795.

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

Schedule **D** (Form 990) 2009

| Schedule D (Form 990) 2009 ILLINOIS FERTILIZE  Part VII Investments—Other Securities See Form                |                                       | ne 12. N/A     | 36-2672126 Page 3                    |
|--|---------------------------------------|----------------|--------------------------------------|
| (a) Description of security or category (including name of security)   | (b) Book value                        |                | d of valuation<br>-year market value |
| Financial derivatives  |                                       |                |                                      |
| Closely-held equity interests  |                                       |                |                                      |
| Other  |                                       | '              | -                                    |
|  |                                       |                | <del></del>                          |
|  | <u> </u>                              | <u> </u>       |                                      |
|  |                                       |                |                                      |
|  |                                       |                |                                      |
|  |                                       |                |                                      |
|  |                                       |                |                                      |
|  |                                       |                |                                      |
| Table (October (b) mark and Francisco (OC Part V and (D) Las 10.)  |                                       |                |                                      |
| Total (Column (b) must equal Form 990 Part X, col. (B) line 12) Part VIII Investments—Program Related (See   | L<br>Form 990 Part X                  | line 13) N/A   | ······                               |
| (a) Description of investment type   | (b) Book value                        |                | d of valuation                       |
|  | (b) Book Value                        | Cost or end-of | -year market value                   |
|  |                                       | <del></del>    |                                      |
|  |                                       |                |                                      |
|  |                                       |                |                                      |
|  |                                       | <del></del>    |                                      |
|  | -                                     |                | <del> </del>                         |
|  |                                       |                |                                      |
|  |                                       |                |                                      |
|  |                                       |                |                                      |
| 7 1 1 (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c   |                                       |                | <del>(11</del>                       |
| Total-(Column (b) must equal Form 990, Part X, Col (B) line 13)  Part IX Other Assets (See Form 990, Part X, |                                       |                |                                      |
|  | scription                             |                | (b) Book value                       |
| WEBSITE DEVELOPMENT  |                                       |                | 7,533.                               |
|  |                                       |                |                                      |
|  |                                       |                |                                      |
|  |                                       |                |                                      |
|  | · · · · · · · · · · · · · · · · · · · |                |                                      |
|  |                                       | <del>-</del>   |                                      |
| Part Constant  |                                       |                | -                                    |
|  |                                       |                |                                      |
|  |                                       |                |                                      |
| Total. (Column (b) must equal Form 990, Part X, col (B), lin   |                                       |                | <b>▶</b> 972,296.                    |
| Part X Other Liabilities (See Form 990, Part   |                                       | <u> </u>       |                                      |
| (a) Description of Liability Federal Income Taxes  | (b) Amount                            | _              |                                      |
| DEFERRED COMPENSATION  | 20,00                                 | 10             |                                      |
| 22.2.4.4.5   | 20,00                                 | <del>* '</del> |                                      |
|  |                                       |                |                                      |
|  |                                       |                |                                      |
|  |                                       |                |                                      |
| <del></del>  |                                       | $\dashv$       |                                      |
|  |                                       | $\dashv$       |                                      |
|  |                                       |                |                                      |

Total (Column (b) must equal Form 990, Part X, col. (B) line 25)

20,000.

<sup>2.</sup> FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

| Schedule D (Form 990) 2009 ILLINOIS FERTILIZER & CHEMICA   |  | 36-26/21                                      | 26 Page <b>4</b>                |
|--|--|---|---------------------------------|
| Part XI Reconciliation of Change in Net Assets from Form   | 990 to Financial Statem  | ents  |                                 |
| 1 Total revenue (Form 990, Part VIII,column (A), line 12)  |  |   | 917,276.                        |
| 2 Total expenses (Form 990, Part IX, column (A), line 25)  |  |   | 777,730.                        |
| 3 Excess or (deficit) for the year. Subtract line 2 from line 1  |  |   | 139,546.                        |
| 4 Net unrealized gains (losses) on investments   |  |   |                                 |
| 5 Donated services and use of facilities   |  |   |                                 |
| 6 Investment expenses  | • • •  |   |                                 |
| 7 Prior period adjustments   |  |   |                                 |
| 8 Other (Describe in Part XIV). SEE PART XIV   |  |   | 97,594.                         |
| 9 Total adjustments (net). Add lines 4 through 8   |  |   | 97,594.                         |
| 10 Excess or (deficit) for the year per audited financial statements. Combine  |  |   | 237,140.                        |
| Part XII Reconciliation of Revenue per Audited Financial St  | atements With Revenue  | e per Return                                  |                                 |
| 1 Total revenue, gains, and other support per audited financial statements   |  | 1   | 1,014,870.                      |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.  |  | 1 1   |                                 |
| a Net unrealized gains on investments  | _2a 97   | ,594.   |                                 |
| <b>b</b> Donated services and use of facilities  | 2b   |   |                                 |
| c Recoveries of prior year grants  | 2c   |   |                                 |
| d Other (Describe in Part XIV)   | 2d   |   |                                 |
| e Add lines 2a through 2d  |  | 2e  | 97,594.                         |
| 3 Subtract line 2e from line 1   |  | 3   | 917,276.                        |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.   | 1 1  |   | <u> </u>                        |
| a Investments expenses not included on Form 990, Part VIII, line 7b  | 4a   |   |                                 |
| b Other (Describe in Part XIV).  | 4b   | <del> </del>                                  |                                 |
| c Add lines 4a and 4b  | 40,  | 4c  |                                 |
| 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, lin   | ,<br>20.12.)   | 5   | 917,276.                        |
| Part XIII Reconciliation of Expenses per Audited Financial Stat  |  |   | 311,270.                        |
| Total expenses and losses per audited financial statements   | ements with Expenses p   | 1   | 777,730.                        |
|  |  | <del>  </del>                                 | 111,130.                        |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25.  | ا ما   |   | _                               |
| a Donated services and use of facilities   | - <u>2a</u>  |   |                                 |
| b Prior year adjustments   | 2b   | I   |                                 |
| c Other losses   | 2c   | l   |                                 |
| d Other (Describe in Part XIV)   | <u>2d</u>  | I   |                                 |
| e Add lines 2a through 2d  |  | 2e  |                                 |
| 3 Subtract line 2e from line 1   |  | 3   | 777,730.                        |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:   |  |   |                                 |
| a Investments expenses not included on Form 990, Part VIII, line 7b  | 4a   | 1   |                                 |
| <b>b</b> Other (Describe in Part XIV).   | 4b   |   |                                 |
| c Add lines 4a and 4b  |  | 4c  |                                 |
| 5 Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, Ii  | ne 18)   | 5   | 777,730.                        |
| Part XIV   Supplemental Information  |  |   |                                 |
| Complete this part to provide the descriptions required for Part II, lines 3, 5, ar<br>ine 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lin<br>information. | nd 9, Part III, lines 1a and 4, F<br>nes 2d and 4b Also complete | Part IV, lines 1b and<br>this part to provide | d 2b, Part V,<br>any additional |
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| Page 5      | 36-2672126    | & CHEMICAL                             | ILLINOIS FERTILIZER al Information (continued) | Schedule <b>D</b> (Form 990) 2009 |
|-------------|---------------|--|--|-----------------------------------|
| <del></del> | <del></del> _ |  | al Information (continued)                     | Part XIV   Supplementa            |
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# SCHEDULE O (Form 990)

## **Supplemental Information to Form 990**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

Open to Public Inspection

| Name of the organization ILLINOIS FERTILIZER & CHEMICAL ASSOCIATION | Employer identification number 36-2672126 |
|---|---|
| FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIP        | -   |
| REGULATOR/ENVIROMENTAL ADVOCACY SERVICES.                           | 190                                       |
|   |   |
|   |   |
| FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS                |   |
| PRESIDENT WILL REVIEW 990 BEFORE IT IS FILED.                       |   |
| FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBL      | ICLY AVAILABLE                            |
| AVAILABLE UPON REQUEST.   |   |
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| Schedule <b>O</b> (Form 990) 2009                                   | Page 2                                    |
|---|---|
| Name of the organization ILLINOIS FERTILIZER & CHEMICAL ASSOCIATION | Employer identification number 36-2672126 |
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## SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

**CLIENT 11055** 

ILLINOIS FERTILIZER & CHEMICAL ASSOCIATION

36-2672126

SCHEDULE D, PART XI, LINE 8 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

UNREALIZED GAIN ON INVESTMENTS

TOTAL \$ 97,594. \$ 97,594.