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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public

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	<u>A F</u>	or the 2	011 calendar year, or tax year beginning	and ending		·
	B c	heck if pplicable	C Name of organization		D Employer identific	cation number
		Address change	CHEMICAL INDUSTRY COUNCIL OF IL			
		Name		BINOID	36-6	133292
	\vdash	_Ichange ☐Initial	Doing Business As			
		_ireturn Termin- ated	Number and street (or P.O. box if mail is not delivered to street addre 1400 EAST TOUHY AVENUE	Room/s 110		445995
		Amended return	City or town, state or country, and ZIP + 4		G Gross receipts \$	717,025.
		Applica- tion	DES PLAINES, IL 60018		H(a) is this a group re	turn
		pending	F Name and address of principal officer: MARK BIEL SAME AS C ABOVE		for affiliates? H(b) Are all affiliates incl	Yes X No
			ot status	4947(a)(1) or	─ ┤ ` ′	
			N/A		list. (see instructions)	
			panization: X Corporation Trust Association Other	H(c) Group exemption fear of formation: 1987 M		
			ummary	L I	ear of formation. 1907 M	State of legal doffficile. II
	_		efly describe the organization's mission or most significant activities	PROVIDES	FDUCATION FOR	प्रमुक्त
	& Governance	CI	HEMICAL INDUSTRY	s. FROVIDED	EDUCATION FOR	K IIIE
	ž	2 Ch	eck this box Fig. if the organization discontinued its operation	ons or disposed of n	nore than 25% of its net as	sets.
	Š	3 Nu	mber of voting members of the governing body (Part VI, line 1a)		3	24
	<u>ت</u> مح	4 Nu	mber of independent voting members of the governing body (Part	VI, line 1b)	4	23
2		5 To	al number of individuals employed in calendar year 2011 (Part V, I	ine 2a)	5	4
2012	Activities		al number of volunteers (estimate if necessary)	,	6	0
	Ċţį		al unrelated business revenue from Part VIII, column (C), line 12		7a	0.
ے ج	•	b Ne	t unrelated business taxable income from Form 990-T, line 34		7ь	0.
					Prior Year	Current Year
NO.	σ.	8 Co	ntributions and grants (Part VIII, line 1h)		10,000.	10,000.
	Revenue	i	ogram service revenue (Part VIII, line 2g)		663,392.	580,068.
Ω	9.6	l	estment income (Part VIII, column (A), lines 3, 4, and 7d)		24,097.	24,173.
SCANNED	Œ	i	ner revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		90,486.	102,784.
ź			ral revenue - add lines 8 through 11 (must equal Part VIII, column (787,975.	717,025.
X		1	ants and similar amounts paid (Part IX, column (A), lines 1-3)	7,	0.	0.
\mathcal{S}			nefits paid to or for members (Part IX, column (A), line 4)		0.	0.
••	s		anes, other compensation, employee benefits (Part IX, column (A),	lines 5-10)	469,480.	490,247.
	Expenses		ofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.
	ē.		al fundraising expenses (Part IX, column (D), line 25)	0.	,	
	ŭ		ner expenses (Part IX, column (A) lines 1[13] [17] 1111-24e)		303,266.	225,484.
		18 To	al expenses Add lines 13-17 (must equal Part IX, column (A), line	25)	772,746.	715,731.
		19 Re	venue less expenses. Subtract line 18 from line 12		15,229.	1,294.
	or es		101 1/1/7 - 0 1012 1/	ار ا	Beginning of Current Year	End of Year
	Net Assets or Fund Balances	20 To	al assets (Part X, line 16)	-S.	693,498.	737,477.
	Ass	21 To	al babildara (Dad V. bas 00)	<u>r</u>	127,749.	160,540.
	Net unc	22 Ne	t assets or fund balances. Subtract line 21 from line 20,	†	565,749.	576,937.
	Pa		Signature Block	=======================================	3037,130	3,0,0,0
	_		s of peryry, I declare that I have examined this return, including accompany	ung schedules and sta	tements, and to the best of my	knowledge and helief it is
			nd complete. Declaration of oreparer (other than officer) is based on all info	-	•	moviedge and boiles, it is
			1000	The state of the s	aror nas any knownsags.	
	Sigr	,	Signature of officer	-	Date/	
	Here	١.	MARK BIEL, EXECUTIVE DIRECTOR		5/3	2/12
			Type or print name and title	_		
		Pr	int/Type preparer's name Preparer's sygnature		Date / Check	II PTIN
	Paid		INT/Type preparer's name ARGARET MCGINNIS	The same	15/2/12 1	
	Prep		m's name SELDEN FOX, LTD.	NUVIUS	Firm's EIN	36-2985770
	Use		m's address 619 ENTERPRISE DRIVE		I MIN 2 CIN	33 2303770
	-50	, '''	OAK BROOK, IL 60523-8835		Dhara sa 63	30-954-1400
	Mari	the IDS	discuss this return with the preparer shown above? (see instruction		Jenoneno. O J	X Ves No
	IVINV	THE ID	JISCUSS OUS TENUTE WITH THE DIEGATET SHOWN ADOVE / 1990 INSTRUCTIO	(18)		IALIANG (INV

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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Form **990** (2011)

	Check if Schedule O contains a response to any question in this Part III	
	Briefly describe the organization's mission:	
	PROVIDES EDUCATION FOR THE CHEMICAL INDUSTRY	
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	v
	the pnor Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Λ
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X
	If "Yes," describe these changes on Schedule O.	
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to	
	others, the total expenses, and revenue, if any, for each program service reported.	
1	(Code) (Expenses \$ including grants of \$) (Revenue \$	
	OFFICIALS REGARDING THE CHEMICAL INDUSTRY IN ILLINOIS	
•	(Code) (Expenses \$	
)	SEMINARS AND PROGRAMS ON REQUIREMENTS FOR FEDERAL AND STATE POLLUTIC	N
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	SEMINARS AND PROGRAMS ON REQUIREMENTS FOR FEDERAL AND STATE POLLUTIC AND ACCIDENT CONTROLS	N
	SEMINARS AND PROGRAMS ON REQUIREMENTS FOR FEDERAL AND STATE POLLUTIC AND ACCIDENT CONTROLS (Code) (Expenses \$ including grants of \$) (Revenue \$	N
	SEMINARS AND PROGRAMS ON REQUIREMENTS FOR FEDERAL AND STATE POLLUTIC AND ACCIDENT CONTROLS (Code)(Expenses \$	N
	SEMINARS AND PROGRAMS ON REQUIREMENTS FOR FEDERAL AND STATE POLLUTIC AND ACCIDENT CONTROLS (Code) (Expenses \$	<u>N</u>
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	SEMINARS AND PROGRAMS ON REQUIREMENTS FOR FEDERAL AND STATE POLLUTIC AND ACCIDENT CONTROLS (Code)(Expenses \$	N
	SEMINARS AND PROGRAMS ON REQUIREMENTS FOR FEDERAL AND STATE POLLUTIC AND ACCIDENT CONTROLS (Code)(Expenses \$ including grants of \$) (Revenue \$ } GENERAL MEMBERSHIP, GOLF OUTING AND ANNUAL MEETING - ALL MEMBERS INVITED TO MEET AND DISCUSS CICI MISSION	

Part IV Checklist of	Required Schedules
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			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			x
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2		
J	public office? If "Yes," complete Schedule C, Part I	3	i	x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	•	-	
7	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ĭ	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	_8_		X
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X		, /×	, 55 55
	as applicable.		·	*]
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			7.5
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			77
	Schedule D, Parts XI, XII, and XIII	12a		<u> </u>
D	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	-	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
U	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	446		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b	\dashv	<u></u>
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	- 1	х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15	\dashv	
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16	\dashv	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
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		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	-3	- 	
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	\neg	
			990 (2	2011)
			(2	,

Form 990 (2011) CHEMICAL INDUSTRY

Part IV Checklist of Required Schedules (continued)

		$\overline{}$		
	Total the second		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			х
22	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	21		
~~	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? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	<u> </u>		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
¢	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		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	L	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	İ		
	disqualified person dunng 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			х
27	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	<u> </u>	^
21	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	l		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):]		
а	0.000	28a	Administration	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30_		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	i		
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
^^	Schedule N, Part II	32		X
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?	33	-	
•	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		<u>.</u>	
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a		4		
ь	Enter the number of Forms W-2G included in line 1a Enter 0 if not applicable	1b		0	1	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming			
	(gambling) winnings to prize winners?		•	1c	Х	
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		4		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	X	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			-	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	1	X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			_3b	 	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•		1	7.7
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a	-	X
D	If "Yes," enter the name of the foreign country:	A				
5 0	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	Accou	nts.		شنند -	X
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.	otion	•	5a 5b	+	X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	iction.		5c	1-	 -
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	he ora	anization solicit	100	†	
	any contributions that were not tax deductible?			6a	1	х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	tions c	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			_3		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	provided to the payor	7 <u>7a</u>		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	<u> </u>	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired			
	to file Form 8282?		ì	7c	1	<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		-	i II	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		ct?	7e	 	<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti			7f	-	├—
9	If the organization received a contribution of qualified intellectual property, did the organization file Fo		•	7g		├—
ь 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D.			7h	-	\vdash
0	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at			8		<i>-</i> -'
9	Sponsoring organizations maintaining donor advised funds.	uny an	ic during the year.	°		,
а	Did the organization make any taxable distributions under section 4966?			9a	- 	[- -
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:				1	
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		_	1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b]		
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a		_	ł	
b	Gross income from other sources (Do not net amounts due or paid to other sources against				I	
	amounts due or received from them.)	11b		-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1)	12a	 	<u> </u>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			1	╁	\vdash
а	Is the organization licensed to issue qualified health plans in more than one state?		•	13a	-	
L	Note. See the instructions for additional information the organization must report on Schedule O.					
IJ	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		1		
c	Enter the amount of reserves on hand	13c		1		
	Did the organization receive any payments for indoor tanning services during the tax year?			14a	1	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O		14b	1	_
	, and the second				990	2011)

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Part VI 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

	Check if Schedule O contains a response to any question in this Part VI			\mathbf{X}
Sec	tion A. Governing Body and Management	•		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 24			
	If there are material differences in voting rights among members of the governing body, or if the governing			, ,
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 23			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7a				
	more members of the governing body?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13	<u> </u>	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			زٰ۔
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	I	Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	I	J	Ī
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a]		i
	taxable entity during the year?	16a	[X
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			h
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filled NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailabl	е	
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request			
10	— · · · · · · · · · · · · · · · · · · ·	I & :	_:_!	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	i iinan	cial	
20	statements available to the public during the tax year. State the name, physical address, and telephone number of the person who persons the books and records of the property.	os -		
LU	State the name, physical address, and telephone number of the person who possesses the books and records of the organizat $MARK$ $BIEL - 847-544-5995$	on. 📂		
	1400 E TOUHY AVE, SUITE 1100, DES PLAINES, IL 60018			
32006 1-23-	, 	Form ¹	990 (2	20111
			14	• • •

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

- 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

(A) Name and Title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	rson	than	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуве	Highest compensated employes	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MARK BIEL	10.00								_	
EXECUTIVE DIRECTOR	40.00	X	<u> </u>	X	L	┖		165,480.	0.	48,570.
(2) SUE TURNER										
CHAIRMAN	2.00	Х	<u> </u>	Х	$ldsymbol{ldsymbol{ldsymbol{eta}}}$	┕	_	0.	0.	0.
(3) WALTER PINTO				l		l				_
PRESIDENT	2.00	X	<u> </u>	X	L	L	╙	0.	0.	0.
(4) MARK PAWELSKI				l						
VICE PRESIDENT	2.00	X	<u> </u>	X	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(5) KEVIN TRAYNOR			l	Ì						
PAST CHAIRMAN	2.00	Х	ļ	X	_	<u> </u>	_	0.	0.	0.
(6) DAN VEST			l						_	_
LEGISLATIVE	2.00	X	L	Х	<u> </u>	_	_	0.	0.	0.
(7) SCOTT DILAVOU	2 00			۱.,					0	
EDUCATION	2.00	Х	┝	X	<u> — </u>	_	┞	0.	0.	0.
(8) JOHN FOSTER	1 2 00	١,,	İ	١,,			ĺ			
REGULATORY AFFAIRS	2.00	X	⊢	Х	\vdash	⊢	L	0.	0.	0.
(9) HEIDI MCAULIFEE IPC	2.00	X		х				0.	0.	•
(10) JOHN AMBROSE	2.00	₽	H	Λ	Н	_		0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(11) GARY ANDZEJEWSKI	2.00	^	\vdash		$\vdash\vdash$	\vdash		0.	0.	<u> </u>
DIRECTOR	2.00	x						0.	0.	0.
(12) SEAN BECHTEL	2.00	A	-	<u> </u>		├—	\vdash		0.	0.
DIRECTOR	2.00	X					1	0.	0.	0.
(13) JEFFREY BOIKE	2.00	 ``			\vdash		┢╌	 		
DIRECTOR	2.00	X						0.	0.	0.
(14) PETE COLARELLI	1 2.00	 	\vdash		\vdash		┢	•		
DIRECTOR	2.00	x				ŀ		0.	0.	0.
(15) CHUCK DOEBLER			\vdash		\vdash		H			
DIRECTOR	2.00	х					ŀ	0.	0.	0.
(16) SCOTT HOGE	1	<u> </u>		Н	\Box	Т	\vdash			
DIRECTOR	2.00	x					1	0.	0.	0.
(17) MATT KOUPAL		ΙĒ			\Box					
DIRECTOR	2.00	x						0.	0.	0.

132007 01-23-12

Part VII Section A. Officers, Directors, Tr	ustees, Key E	mple	oyee	es, a	nd I	High	est	Compensated Employ	ees (continued)		
(A) Name and title	(B) Average hours per	(do	not c	Pos heck	C) ition more		one	(D) Reportable	(E) Reportable compensation		(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	itee or director			lirecto	Highest compensated A G	tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	CO O	other of other of other of other of other of other oth
(18) WILLIAM MOFFATT DIRECTOR	2.00	x						0.	(0.
(19) TODD OETTING DIRECTOR	2.00	х						0.	(0.
(20) JOE SIMON					-	 					
C21) SCOTT SIEBERT	2.00	X	ļ			<u> </u>		0.	(<u> </u>	0.
DIRECTOR	2.00	x				1		0.	(0.
(22) DAVE TIERNEY	0.00	Ī.,						_			
C23) PHIL TWOMEY	2.00	Х	-	-	-	-		0.	(<u>'• </u>	0.
DIRECTOR	2.00	х			<u> </u>			0.	(0.
(24) DICK WAGNER DIRECTOR	2.00	x						0.	(0.
		<u> </u>				┢					
1b Sub-total	<u> </u>	<u> </u>	<u> </u>	<u>L</u>	<u></u>	Ļ	<u> </u>	165,480.	(-	48,570.
c Total from continuation sheets to Part V	II, Section A							0.			0.
d Total (add lines 1b and 1c)						>		165,480.		•	48,570.
2 Total number of individuals (including but r compensation from the organization	not limited to th	nose	liste	ed al	bov	e) wl	ho r	eceived more than \$100	0,000 of reportable		1
 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si and related organizations greater than \$15 Did any person listed on line 1a receive or 	such individual um of reportab 0,000? If "Yes,	le co	omp omple	ensa ete S	atior Sche	ane adule	d ot	her compensation from for such individual	the organization	3	х
rendered to the organization? If "Yes," con Section B. Independent Contractors	plete Schedul	e J i	or s	uch	pers	son				5	X
Complete this table for your five highest co	•	•							•	nsatio	n from
the organization. Report compensation for (A)	the calendar y	ear	enai	ng v	vitri	or w	'KITIL	(B)	year.		(C)
Name and business	address	N	INC	<u> </u>				Description of s	services	Comp	ensation
2 Total number of independent contractors (including but n	ot li	mıte	d to	tho	se li	stec	d above) who received in	nore than		.
\$100,000 of compensation from the organi	zation >		_		(0	_			Forr	n 990 (2011)

Ра	rt VI		Statement of Rever	nue					
-						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts st	1 a	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues	1b					
عَ ق			Fundraising events	1c		1			
r A			*						
2 5			Related organizations	1d					
Sis			Government grants (contribut	. –		}			
폭히	t		All other contributions, gifts, gran	1 1	10 000				
들			similar amounts not included abo	ve [1f]	10,000.				
통	ę	9	Noncash contributions included in lines	1a-1f \$					
<u>5</u> <u>6</u>	ŀ	<u>h</u>	Total. Add lines 1a-1f		▶	10,000.			
					Business Code				
8	2 a		MEMBERSHIP DUES	<u> </u>	900099	488,211.	488,211.		
و کے	t	b	SPECIAL EVENTS		900099	91,857.	91,857.		
Sel	c	C							
eve	•	d							
Program Service Revenue	•	е		-		_			
٦	f	f	All other program service reve	enue					
1			Total. Add lines 2a-2f		<u> </u>	580,068.			
	3	_	Investment income (including	dividends, inte	erest, and				Ī
ı			other similar amounts)		•	24,173.			24,173.
	4		Income from investment of ta	- x-exempt bond	proceeds				<u> </u>
	5		Royalties	o compt bond	P				
	•		Tioyamos	(i) Real	(ii) Personal				
	6 a		Gross rents	(91100.	(ii) r craoriai	1	•		
	_		Less: rental expenses						
			•		-				
			Rental income or (loss)						
			Net rental income or (loss)		1 () ()				
	/ 8	а	Gross amount from sales of	(i) Securities	(II) Other	1			
			assets other than inventory		<u> </u>	-			
	t	b	Less: cost or other basis						
ŀ			and sales expenses						
ľ	C	C	Gain or (loss)	L					
			Net gain or (loss)						
enu	8 a	a	Gross income from fundraisin	g events (not					
ē			including \$	of					
9			contributions reported on line	1c). See					
Other Reve			Part IV, line 18		a				
된	t	b	Less direct expenses		b				<u> </u>
١	c	C	Net income or (loss) from fund	draising events					
ı	9 a	а	Gross income from gaming ac	tivities. See					
			Part IV, line 19		a				
	t	b	Less: direct expenses		ь				
i	c	C	Net income or (loss) from gam	ning activities	•				
l			Gross sales of inventory, less	-					
- 1			and allowances		a	l			
- 1	Ŀ		Less: cost of goods sold		b				
			Net income or (loss) from sale				· =		4
t		_	Miscellaneous Revenu		Business Code		•	· · · · · · · · · · · · · · · · · · ·	,
ŀ	11 -		MANAGEMENT FEES		900099	64,552.	64,552.		4
- [SPECIAL PROJECT		900099	38,040.	38,040.		
ŀ			SUBSIDIARY INCO		900099	192.	192.		
- 1				·	1 20003	1,2.	1,74.		
ŀ			All other revenue			102,784.		· · · · · · · · · · · · · · · · · · ·	
- 1			Total. Add lines 11a-11d	-		717,025.	682,852.	0.	24,173.
13200	<u>12</u>	_	Total revenue. See instructions.			111,043.	004,054.	<u> </u>	
13200 01-23	12								Form 990 (2011)

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)

Check if Schedule O contains a response to any question in this Part IX									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and								
	organizations in the United States. See Part IV, line 21								
2	Grants and other assistance to individuals in	:-		"					
	the United States. See Part IV, line 22								
3	Grants and other assistance to governments,								
	organizations, and individuals outside the								
	United States. See Part IV, lines 15 and 16								
4	Benefits paid to or for members	,							
5	Compensation of current officers, directors,								
	trustees, and key employees	188,800.							
6	Compensation not included above, to disqualified		li.						
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)		· · · · · · · · · · · · · · · · · · ·						
7	Other salaries and wages	247,204.							
8	Pension plan accruals and contributions (include								
	section 401(k) and section 403(b) employer contributions)								
9	Other employee benefits	26,848.							
10	Payroll taxes	27,395.							
11	Fees for services (non-employees):								
а	Management								
ь	Legal								
С	Accounting	7,280.							
d	, , ,		. 	<u> </u>					
е	Professional fundraising services. See Part IV, line 17								
f	Investment management fees	10 017							
g	Other	49,217.							
12	Advertising and promotion	26 271							
13	Office expenses	36,371.			- · · · - · ·				
14	Information technology								
15	Royalties	33,069.							
16	Occupancy	46,927.							
17	Travel	40,927.							
18	Payments of travel or entertainment expenses								
10	for any federal, state, or local public officials	45,125.							
19	Conferences, conventions, and meetings Interest	43,123.							
20 21	Payments to affiliates								
22	Depreciation, depletion, and amortization	1,760.							
23	Insurance	5,735.							
24	Other expenses. Itemize expenses not covered				Į.				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)								
а									
b									
C									
d									
е	All other expenses								
25	Total functional expenses. Add lines 1 through 24e	715,731.							
26	Joint costs. Complete this line only if the organization								
	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation.								
	Check here if following SOP 98-2 (ASC 958-720)								

	rt X	Balance Sheet			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			200.	1	200.
	2	Savings and temporary cash investments		<u> </u>	682,360.	2	310,778.
	3	Pledges and grants receivable, net	F		3		
	4	Accounts receivable, net	<u> </u>		4		
	5	Receivables from current and former officers, di	trustees kev		_		
		employees, and highest compensated employee					
	1	of Schedule L		pioto i dit ii		5	
	6	Receivables from other disqualified persons (as	define	d under section			
	Ĭ	4958(f)(1)), persons described in section 4958(c					
		employers and sponsoring organizations of section					
	1	employees' beneficiary organizations (see instru				6	
ets.	7	Notes and loans receivable, net	Cuons	' ·		7	
Assets	8	Inventories for sale or use		<u> </u>		8	<u></u>
⋖	9	Prepaid expenses and deferred charges		<u> </u>		9	
	1		1	· •		9	
	loa	Land, buildings, and equipment: cost or other	400	23 363			
		basis Complete Part VI of Schedule D Less: accumulated depreciation	10a 10b	23,363. 18,726.	4,406.	10c	4 637
	l .	•	4,400.	11	4,637. 414,966.		
	11	Investments - publicly traded securities	-		12	414,500	
	12	Investments - other securities. See Part IV, line					
	13	Investments - program-related. See Part IV, line	}		13		
	14	Intangible assets	6,532.	14	6,896.		
	15	Other assets. See Part IV, line 11	-11	\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.	693,498.	15 16	737,477
	16	Total assets. Add lines 1 through 15 (must equ	033,430.	17	131,411		
	17	Accounts payable and accrued expenses		}	*		
	18	Grants payable	}	48,749.	18	71,790.	
	19	Deferred revenue		· · ·	40,747.	19	71,750
	20	Tax-exempt bond liabilities	D - 4 N/	-40-6-4-1-5		20	
E E	21	Escrow or custodial account liability. Complete		<u> </u>		21	
Liabilities	22	Payables to current and former officers, director					
E.	ļ	highest compensated employees, and disqualifi	ea per	sons. Complete Part II	w //- ** **		
		of Schedule L		-		22	
	23	Secured mortgages and notes payable to unrela		· -		23	
	24	Unsecured notes and loans payable to unrelated		' h		24	
	25	Other liabilities (including federal income tax, pa	•	i i			
		parties, and other liabilities not included on lines	17-24). Complete Part X of	79,000.	25	88,750.
		Schedule D		}	127,749.		160,540.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check he		Ytt-t-	121,149.	26	100,540.
			ere 📂	and complete			
ő		lines 27 through 29, and lines 33 and 34.		-	565,749.		576,937.
<u>la</u>	27	Unrestricted net assets		-	303,743.	27	310,331.
ä	28	Temporarily restricted net assets		}		28	
ב	29	Permanently restricted net assets		29			
Ē		Organizations that do not follow SFAS 117, cl	теск п	ere ▶ ∟ and			
S 0		complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds		, , , , , , , , , , , , , , , , , , ,		30	
As	31	Paid in or capital surplus, or land, building, or eq				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come,	or other tunds	ECE 740	32	E76 027
_	33	Total net assets or fund balances		Ļ	565,749.	33	576,937.
	34_	Total liabilities and net assets/fund balances			693,498.	34	737,477.

Form 990 (2011)

Form	990 (2011) CHEMICAL INDUSTRY COUNCIL OF ILLINOIS	36-6	5133292	Pa	ge 12
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u> 25.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			31.
3	Revenue less expenses. Subtract line 2 from line 1	3			94.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			49.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			94.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	57	6,9	37.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		, 45		10
	If the organization changed its method of accounting from a pnor year or checked "Other," explain in Schedule	سنست	·	نشنا	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	}		
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.	£~~,*	\$2. J. J.	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a	र देन	₩ . *1 ,	[;
	separate basis, consolidated basis, or both:		2.50	₹ 1,×	
	Separate basis Consolidated basis Both consolidated and separate basis		<u> </u>	· 	2
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii	ngle Aud	t		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audi	t		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2011)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public. Inspection 4

Department of the Treasury

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations. Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

	Section 501(c)(4), (5), or (6) organization	· · · · · · · · · · · · · · · · · · ·	y Tax), or Form 990-E	.z, Part V, line 35c (Proxy	iax), then
Nar	me of organization			Emp	loyer identification number
		L INDUSTRY COUNC			36-6133292
Pa	art I-A Complete if the or	ganization is exempt un	der section 501(c	or is a section 527 (organization.
	Provide a description of the organi	zation's direct and indirect politi	cal campaign activities	_	
	Political expenditures			▶:	\$
3	Volunteer hours				
Pa	art I-B Complete if the or	ganization is exempt un	der section 501(c)(3).	•
1	Enter the amount of any excise tax			> :	B
2	Enter the amount of any excise tax	incurred by organization manage	gers under section 495	5 ▶:	\$
	If the organization incurred a section				Yes No
48	a Was a correction made?		•		Yes No
t	If "Yes," describe in Part IV.		•		
Pa	art I-C Complete if the or	ganization is exempt un	der section 501(c), except section 501	(c)(3).
1	Enter the amount directly expende	d by the filing organization for se	ection 527 exempt fund	ction activities	\$
2	Enter the amount of the filing organ	nization's funds contributed to o	ther organizations for s	section 527	
	exempt function activities			▶:	
3	Total exempt function expenditure	s. Add lines 1 and 2. Enter here	and on Form 1120-POI	L,	
	line 17b			▶;	<u> </u>
4	Did the filing organization file Form	1120-POL for this year?			Yes No
5	Enter the names, addresses and e	mployer identification number (E	IN) of all section 527 p	olitical organizations to whi	ch the filing organization
	made payments For each organiza	ation listed, enter the amount pa	ud from the filing organ	ızatıon's funds. Also enter t	he amount of political
	contributions received that were pr	romptly and directly delivered to	a separate political or	ganization, such as a separ	ate segregated fund or a
	political action committee (PAC). If	additional space is needed, pro	vide information in Par	t IV	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds. If none, enter -0-	promptly and directly delivered to a separate
					political organization.
	_				If none, enter -0
					1

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

Schedule C (Form 990 or 990-EZ) 2011

LHA

132041 01-27-12

Schedule C (Form 990 or 990-EZ) 2011 Part II-A Complete if the org	CHEMI	CAL II	NDUSTRY COUN	CIL OF ILLI	NOIS 36-6	133292 Page 2
(election under sec			inpi under sectio	n sur(c)(s) and ti	iea Form 5/68	
			flipted group (and late	- Dod March officer		
expenses, and sha			filiated group (and list i	n Part IV each aπiliated	group member's nan	ie, address, EIN,
. —		, ,	• •			
B Crieck P II the liling organiza	ation check	ed box A a	and "limited control" pr	ovisions apply.	T (2) 51	# N A # # 1
	its on Lobb ditures" m		enditures unts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	luence pub	lic opinion	(grass roots lobbying)		· · · · · · · · · · · · · · · · · · ·	
b Total lobbying expenditures to infl						
c Total lobbying expenditures (add l			-, (,g,			
d Other exempt purpose expenditur		,				
e Total exempt purpose expenditure		s 1c and 1	d)		·	
f Lobbying nontaxable amount. Ent	•		•	h columns		
If the amount on line 1e, column (a)			bying nontaxable am			
Not over \$500,000	01 (0) 10.				'	
Over \$500,000 but not over \$1,00	0.000		the amount on line 1e			, ,
			00 plus 15% of the exc		,	,
Over \$1,000,000 but not over \$1,5			00 plus 10% of the exc		·	, ,
Over \$1,500,000 but not over \$17	,000,000		00 plus 5% of the exce	ess over \$1,500,000.		٠ ،
Over \$17,000,000	1	\$1,000	,000.		71. * \$ 3 x	, ,
					\$41.	
g Grassroots nontaxable amount (er		•				
h Subtract line 1g from line 1a. If zer						
i Subtract line 1f from line 1c. If zero	-					
j If there is an amount other than ze		r line 1h or	line 1i, did the organiz	ation file Form 4720	-	
reporting section 4911 tax for this	year?	- ,				Yes No
(Some organiz	zations tha	t made a s	eraging Period Under section 501(h) election ne instructions for line	n do not have to com	plete all of the five	
			nditures During 4-Ye			
Calendar year (or fiscal year beginning in)	(a) 2		(b) 2009	(c) 2010	(d) 2011	(e) Total
		·				
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount	<u>-</u>					
(150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990-EZ) 2011 CHEMICAL INDUSTRY COUNCIL OF ILLINOIS 36-6133292 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	(a)	(t	o)
of th	e lobbying activity	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?			,	
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?	 		-	
_	Direct contact with legislators, their staffs, government officials, or a legislative body?	 		-	
i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?				
j	Total Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501(a)	(5) 07 00	ation.	
Га	501(c)(6).	1011 50 1(6)	,s), or se	ction	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		Х
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		X
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		X
	t III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."		• • •	III-A, lin	·
1	Dues, assessments and similar amounts from members		1	488	3,211.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	ical			
	expenses for which the section 527(f) tax was paid).			77.0	004
	Current year		2a	/ 8	3,834.
	Carryover from last year		2b	7.0	024
C			2c		834.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	91	,642.
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex-				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	роілісаі			
5	expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)		5	-18	3,808.
Pai	t IV Supplemental Information		131		,,000.
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, F	Part II.A. and I	Part II.B. lin	o 1 Also d	romplete
	part of any additional information.	ait ira, aiu i	art II-D, III	ie 1. Aiso, c	ompiete
	E COUNCIL PERFORMS INHOUSE LOBBYING ACTIVITIES ON	BEHALF	OF IT	S MEME	BERS
				-	
AN.	THE CHECMICAL INDUSTRY IN ILLINOIS.				
	<u></u>				
					
					

Schedule C (Form 990 or 990-EZ) 2011

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, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047

Name of the organization

Employer identification number

	CHEMICAL INDUSTRY				36-6133292
Pa	rt I Organizations Maintaining Donor Advise	ed Funds or	Other Similar Fund	is or A	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	ne 6			
		(a) Dor	nor advised funds	(b) Funds and other accounts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)			<u> </u>	
4	Aggregate value at end of year				·
5	Did the organization inform all donors and donor advisors in	Lthat that	accata hald in donor adv	l nood fun	.do
3		•		iseu iuri	Yes No
•	are the organization's property, subject to the organization's	-			
6	Did the organization inform all grantees, donors, and donor a		-		
	for charitable purposes and not for the benefit of the donor	or donor adviso	r, or for any other purpos	e conter	
Pai	impermissible private benefit?			D. 104	Yes No
				Part IV,	line /
1	Purpose(s) of conservation easements held by the organizat	•	<u>, , , , , , , , , , , , , , , , , ,</u>		
	Preservation of land for public use (e.g., recreation or	education)			ly important land area
	Protection of natural habitat		Preservation of a ce	rtified hi	stonc structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	lified conservati	on contribution in the form	n of a co	onservation easement on the last
	day of the tax year.				····
					Held at the End of the Tax Year
а	Total number of conservation easements				2a
b	Total acreage restricted by conservation easements				2b
С	Number of conservation easements on a certified historic st	ructure include	d ın (a)		2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, a	and not on a historic struc	ture	
	listed in the National Register				2d
3	Number of conservation easements modified, transferred, re-	eleased, extingu	ished, or terminated by th	ne organ	nization during the tax
	year ▶				
4	Number of states where property subject to conservation ea	asement is locat	ed 🕨		
5	Does the organization have a written policy regarding the pe	eriodic monitorir	ig, inspection, handling of	f	<u></u>
	violations, and enforcement of the conservation easements	rt holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, and enforcing	conservation easements	during t	he year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing cons	ervation easements durin	g the ye	ear > \$
8	Does each conservation easement reported on line 2(d) about	ve satisfy the re	equirements of section 17	O(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?				└ Yes └ No
9	In Part XIV, describe how the organization reports conservat	tion easements	in its revenue and expens	se stater	ment, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial	statements that describe	s the org	ganization's accounting for
	conservation easements.				
Pai	t III Organizations Maintaining Collections o	•	•	Other :	Similar Assets.
	Complete if the organization answered "Yes" to Form				
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to	report in its revenue state	ement ar	nd balance sheet works of art,
	historical treasures, or other similar assets held for public ex	thibition, educat	ion, or research in further	ance of	public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri				
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to rep	ort in its revenue statemei	nt and b	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or res	search in furtherance of p	ublic sei	rvice, provide the following amounts
	relating to these items:				
	(i) Revenues included in Form 990, Part VIII, line 1				> \$
	(ii) Assets included in Form 990, Part X				► \$ ► \$
2	If the organization received or held works of art, historical tre	easures, or othe	r sımilar assets for financı	al gaın,	
	the following amounts required to be reported under SFAS 1			- '	
а	Revenues included in Form 990, Part VIII, line 1		=		▶ \$
b	Assets included in Form 990, Part X				► \$ ► \$

	- 43-1	INDUSTRY									Page 2
							_				
3	Using the organization's acquisition, accession	n, and other record	is, checi	k any of ti	he folic	owing that a	are a sign	ificant t	use of its	collection	items
_	(check all that apply):		<u> </u>				_				
a	Public exhibition	d			xchan	ge program	ıs				
b	Scholarly research	е	اللا	Other							
C	Preservation for future generations								_		
4	Provide a description of the organization's colle			-		-	•		se in Par	t XIV.	
5	During the year, did the organization solicit or r						similar as	ssets		٦.,	<u></u> ,
Da	to be sold to raise funds rather than to be main								5 . 34	_ Yes	<u> </u>
Га	t IV Escrow and Custodial Arrange reported an amount on Form 990, Part 3		ete ii the	organiza	ition ar	nswered "Y	es" to Fo	rm 990	, Part IV,	line 9, or	
4-											
1a	Is the organization an agent, trustee, custodiar	n or other intermed	liary for	contribut	ions or	other asse	ets not inc	cluded	_	٦.,	
	on Form 990, Part X?								<u> </u>	J Yes	∟ No
D	If "Yes," explain the arrangement in Part XIV ar	na complete the fo	llowing 1	table:							
								\vdash		Amount	
	Beginning balance	-						1c			
	Additions during the year							1d			
_	Distributions during the year							1e			
f O-	Ending balance	. 000 D V .	040					1f	Т-	Τ.,	T-1.
	Did the organization include an amount on Form	m 990, Part X, line	217							∀es	L No
Pai	If "Yes," explain the arrangement in Part XIV. t V Endowment Funds. Complete if the state of	h		*****	F (200 D-4 IV	l l 10	-	-		
[T di	· · · · · · · · · · · · · · · · · · ·				$\neg r$			Throny	aara baak	(-) Four	ooro book
4_		(a) Current year	(D) P	nor year	1 (c) Two years I	uack (a)	тиее у	ears back	(e) rour y	rears back
	Beginning of year balance				-						
b	Contributions				-				-		
	Net investment earnings, gains, and losses				-						
	Grants or scholarships						<u> </u>				
е	Other expenditures for facilities										1
	and programs				+						
	Administrative expenses						_				
g	End of year balance			 -							
2	Provide the estimated percentage of the current	nt year end balanc		g, columr	1 (a)) h	eld as:					
a	Board designated or quasi-endowment		_%								
	Permanent endowment	%									
С	Temporarily restricted endowment	%									
-	The percentages in lines 2a, 2b, and 2c should	•									
Ja	Are there endowment funds not in the possess	sion of the organiza	ation tha	it are neid	and a	aministere	a for the	organız	ation	Г.	<u> </u>
	by.										es No
	(i) unrelated organizations									3a(i)	
	(ii) related organizations		- 0-1	D0						3a(ii)	
_	If "Yes" to 3a(ii), are the related organizations li	·								3b	
Par	Describe in Part XIV the intended uses of the of t VI Land, Buildings, and Equipme										
l ai										(D D)	
	Description of property	(a) Cost or of basis (investing	L		st or c is (oth		(c) Accu		u	(d) Book	value
	Lond	Dasis (IIIVESUI	ioni)	Das	13 (011)	S1)	<u>aebie</u>	ciation			
	Land										
	Buildings	<u> </u>							-+		
	Leasehold improvements	<u> </u>					···		+-		
	Equipment	1			22	363.	1	8,72	56	1	,637.
	Other Add lines 1a through 1e (Column (d) must equ	Ial Form 990 Part	X colum	n (R) line				5,12			,637.
	rica mies ra unough re (column (u) must equ	aur onn 330, rait	ry coluit	אוווו , נייו וייי		,				-	,

► 4,637. Schedule D (Form 990) 2011

2. FIN 4 132053 01-23-12

_	dule D (Form 990) 2011 CHEMICAL INDUSTRY COUNCIL (6133292	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audi	ted Finan	cial St	atemen	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3			
4	Net unrealized gains (losses) on investments			4			
5	Donated services and use of facilities			5			
6	Investment expenses			6			
7	Prior period adjustments			7			
8	Other (Describe in Part XIV)			8			
9	Total adjustments (net). Add lines 4 through 8			9		_	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and			10			
Pai	t XII Reconciliation of Revenue per Audited Financial Stateme	nts v	vith Reve	nue pe	r Keturr	<u> </u>	
1	Total revenue, gains, and other support per audited financial statements				1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	,					
а	Net unrealized gains on investments	2a	ļ				
b	Donated services and use of facilities	2b					
С	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIV.)	2d					
е	Add lines 2a through 2d				2e		
3	Subtract line 2e from line 1				3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			<i>*</i> 2		
b	Other (Describe in Part XIV)	4b					
С	Add lines 4a and 4b				4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)				5		
Pai	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents \	With Expe	nses p	er Retu	rn	
1	Total expenses and losses per audited financial statements				1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25						
а	Donated services and use of facilities	2a			. ~[
b	Prior year adjustments	2b					
С	Other losses .	2c					
d	Other (Describe in Part XIV)	2d					
e	Add lines 2a through 2d				2e		
3	Subtract line 2e from line 1				3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
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, line 18)				5		
Par	t XIV Supplemental Information		_				
	elete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III and 2, Part XII, lines 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete and 4b. Also complete and 4b.						4, Part
							
						_	
							
	······································			<u>.</u>			
		_	_				

132054 01-23-12

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

CHEMICAL INDUSTRY COUNCIL OF ILLINOIS

Employer identification number 36-6133292

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
		l		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	<u> </u>		
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			i
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's		ŀ	
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director Explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			6,
	Form 990 of other organizations Approval by the board or compensation committee]	
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:		ŀ	
а	Receive a severance payment or change-of-control payment?	4a		X
b		4b		Х
С		4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	ļ		
		İ	1	
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of.			
	The organization?	5a		⊢
Ь	Any related organization?	5b		
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	ĺ		
	contingent on the net earnings of:			
a	The organization?	6a		<u> </u>
b	Any related organization?	6b		<u> </u>
_	If "Yes" to line 6a or 6b, describe in Part III.			<i>-</i>
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	_		
_	not described in lines 5 and 6? If "Yes," describe in Part III	7		<u> </u>
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			ĺ
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<u> </u>
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in		i	
	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2011

CHEMICAL INDUSTRY COUNCIL OF ILLINOIS

36-6133292

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2011

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

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

		(B) Breakdown of M	W-2 and/or 1099-MISC compensation	SC compensation	(0)	(a)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported as deferred in prior Form 990
	(113,034.	39,350.	13,096.	32,945.	15.625.	214.050.	25.250.
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	Ξ							
14	▣							
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15	Ξ							
	Ξ							
16	(ii)							
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Schedule J (Form 990) 2011

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

CHEMICAL INDUSTRY COUNCIL OF ILLINOIS

Employer identification number 36 – 61 3 3 2 9 2

			CH	EMICAL	INDU	JSTRY	COUN	CIL	OF I	$\Gamma\Gamma\Gamma$	NOI	<u>S</u>	3 (61	<u> 3329</u> :	2	
FORM	990,	PART	VI,	SECTI	ON A,	LINE	6:	THE	COUN	CII	,'S]	МЕМЕ	ERS (CONS	IST (OF	
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Department of the Treasury Internal Revenue Service **SCHEDULE R** (Form 990)

Name of the organization

Part I

Related Organizations and Unrelated Partnerships

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

Open to Public 2011

OMB No 1545-0047

▼ See separate instructions. ► Attach to Form 990.

Employer identification number 36-6133292Inspection

> Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) CHEMICAL INDUSTRY COUNCIL OF ILLINOIS

Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year) End-of-year assets Total income 9 Legal domicile (state or foreign country) Primary activity Name, address, and EIN of disregarded entity Part II

(g) Section 512(b)(13) ŝ entity? Yes × × Direct controlling entity status (if section Public charity 501(c)(3)) 509(A)(2) Exempt Code section 501(C)3 527 Legal domicile (state or foreign country) LLINOIS LLINOIS CANDIDATES & LOBBYING ON PROMOTE THE STUDY OF THE BEHALF OF THE CHEMICAL Primary activity SUPPORT POLITICAL CHEMICAL INDUSTRY 36-3951983, 1400 EAST TOUHY AVENUE, SUITE ILLINOIS CHEMICAL EDUCATION FOUNDATION SUITE 110 Name, address, and EIN of related organization DES PLAINES, IL 60018 1400 EAST TOUHY AVENUE, DES PLAINES, IL 60018 CHEMPAC - 91-1840463 110

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

Schedule R (Form 990) 2011

132161 01-23-12 LHA

SEE PART VII FOR CONTINUATIONS27

36-6133292 Page 2,

Schedule R (Form 990) 2011 CHEMICAL INDUSTRY COUNCIL OF ILLINOIS

Part III

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

General or Percentage managing ownership Percentage ownership 100.001 Schedule R (Form 990) 2011 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year) 3 Ξ Yes No 013. Share of end-of-year assets Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) 9 192. Share of total income ate allocations? ŝ Disproportion-Ξ Yes Type of entity (C corp, S corp, or trust) Share of end-of-year assets <u>e</u> **(6**) CORP Direct controlling entity Share of total income € Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) 디 <u>e</u> POLITICAL LOBBYING Primary activity Direct controlling entity <u>a</u> ਉ (c)
Legal
domicile
(state or
foreign Primary activity - 26-1607217 1400 EAST TOUHY AVENUE, SUITE 110 Name, address, and EIN of related organization MONROE STREET ASSOCIATES, INC. Name, address, and EIN of related organization DES PLAINES, IL 60018 132162 01-23-12 Part IV

Page 3

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36)

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

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1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more re	lated organizations listec	I in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		×
b Gift, grant, or capital contribution to related organization(s)				1b		×
c Gift, grant, or capital contribution from related organization(s)				1		×
d Loans or loan guarantees to or for related organization(s)				₽		×
 Loans or loan guarantees by related organization(s) 				9		×
					:	7
f Sale of assets to related organization(s)				=		×
g Purchase of assets from related organization(s)				19		×
h Exchange of assets with related organization(s)				두		×
i Lease of facilities, equipment, or other assets to related organization(s)				Ę		×
				1		
j Lease of facilities, equipment, or other assets from related organization(s)				1		×
k Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			¥		×
I Performance of services or membership or fundraising solicitations by related organization(s)	ınızatıon(s)			=		×
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uoı			ᄩ		×
n Sharing of paid employees with related organization(s)				두	×	
					<u> </u>	,
 Reimbursement paid to related organization(s) for expenses 				္		×
p Reimbursement paid by related organization(s) for expenses				5		×
				· ·	1	>
q Other transier of cash or property to related organization(s)				۶,		د >
 United transfer of cash of property from related organization(s) If the answer to any of the above is "Ves" see the instructions for information on who must complete this line including covered relationships and transaction thresholds 	t etelamon term odu	paramon paripulation and six	relationships and transaction thresholds	=	7	4
l	אווס ווומפר בסוווסופום נו	is line, illetading covered	Telationships and transaction triesholds			
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved			
(1) MONROE STREET ASSOCIATES, INC.	N	64,552.	CASH TRANSACTION			
(2)						
(3)						
(4)						
(5)						
(6)				•	-	
(32163 01-23-12	29		Schedule R (Form 990) 2011	R (Form	(066	5

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

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

age dır		1						1
Dispropor Code V-UBI General or Percentage allocations of Schedule K-1 parner? Ownership Yes No (Form 1065)								
<u> </u>	<u> </u>			-			<u> </u>	
(j) General or managing partner?	3				-			
750	1		<u>.</u>			<u> </u>	<u> </u>	
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(i) tode V. Schedu								
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(h) Spropor- bonate ocations	2							
S 8 5	2		<u> </u>					
of sar				ŧ				
(g) Share of end-of-year assets								
Sh end			:	:				
(f) Share of total income							:	
Shar								
(e) Are all partners sec 501(c)(3) orgs No								
Predominant income parties sec (related, unrelated, excluded from tax under section 512-514) yes No			: -					
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omici foreig try)								
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(c) Legal domicile (state or foreign country)								
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(a) Name, address, and EIN of entity	$ \ \ \ \ $							
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Schedule R (Form 990) 2011

Schedule R (Fo	orm 990) 2011		CAL INDUST	RY COUNCIL	OF ILLINO	IS 3	6 - 613329	2 Page
Part VII S	upplemental In	formation						-
C	omplete this part to	provide addition	al information for re	sponses to questions	on Schedule R (se	e instructio	ns)	
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PART II	, IDENTIFI	CATION OF	RELATED	TAX-EXEMPT	ORGANIZAT	TONS:		
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2011 DEPRECIATION AND AMORTIZATION REPORT

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Asset No	Description	Date Acquired	Method	Lıfe	005>	No C	Unadjusted B Cost Or Basis	Bus Sec % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
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	* 990 PAGE 10 TOTAL OTHER	to accomp					398.			***	398.	398.		0.	398.
	OCCUPANCY, RENT, UTILITIES	,	,		ĺ	i								:	1
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	COMPUTER	12/31/00	SL	5.00		9	2,579.	1	1	1	2,579.	2,579.		0 !	2,579.
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ı	HP LASER JET	12/31/06	SL	5.00		19	357.	 			357.	358.		-1,	357.
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	HP LASER JET	12/31/07	SL	5.00		9	401.				401.	321.		80.	401.
	DELL COMPUTER	12/31/08	SL	5.00		9	1,368.				1,368.	820.	1	548.	1,368.
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128111 05-01-11						0	(D) - Asset disposed	p		*	TC, Salvage,	Bonus, Comm	nercial Revita	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	ion, GO Zone

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2011 DEPRECIATION AND AMORTIZATION REPORT

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FORM 990 PAGE 10	Description	DELL LAPTOP	DELL LAPTOP	DELL LAPTOP	* 990 PAGE 10 TOTAL OCCUPANCY, RENT, UTILITIES	* GRAND TOTAL 990 PAGE 10 DEPR	,	,			,			: : : :			<u>.</u>	ī	,	
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