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# 11055

Form

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

Open to Public Inspection

A	For the 2	011 calendar year, or tax year beginning $04/01/11$ , and ending $03/31/1$	12		
В	Check if appli	c Name of organization ILLINOIS FERTILIZER & CHEMICAL		D Employ	yer Identification number
X	Address char				
	Name change	Doing Business As			-2672126
	Initial return	Number and street (or P O box if mail is not delivered to street address)	Room/suite	,	one number
Ē	Terminated	14171 CAROLE DRIVE  City or town, state or country, and ZIP + 4		303	9-827-2774
-	1			- 0	003 305
_	Amended ret	F Name and address of principal officer		G Gross rece	
	Application p	SAME AS ABOVE	H(a) Is this a g	roup return for a	affiliates? Yes X No
			H(b) Are all aff	iliates included	1? Yes No
			If "No	," attach a list	(see instructions)
<u> </u>	Tax-exempt	status 501(c)(3) <b>X</b> 501(c) ( <b>6</b> ) <b>◄</b> (Insert no ) 4947(a)(1) or 527			
<u></u>	Website	WWW.IFCA.COM	H(c) Group ex	emption numb	er 🕨
K	Form of orga	nization Corporation Trust X Association Other L	Year of formation 1	966	M State of legal domicile IL
	Part I	Summary			·
		efly describe the organization's mission or most significant activities			
ą	3	O ASSIST AND REPRESENT THE CROP PRODUCTION SUPPLY AND			AND
2		PROMOTE THE SOUND STEWARDSHIP AND UTILIZATION OF AGRICU	LTURAL IN	PUTS.	
Activities & Governance			N -64 - 4		
٤	2 Ch	eck this box  if the organization discontinued its operations or disposed of more than 25	% of its net asser		15
مر د	5   3 Nu	mber of voting members of the governing body (Part VI, line 1a) mber of independent voting members of the governing body (Part VI, line 1b)		3	15
<u>:</u>	5 TO	al number of individuals employed in calendar year 2011 (Part V, line 2a)		5	3
į	6 To	al number of volunteers (estimate if necessary)		6	75
٩		al unrelated business revenue from Part VIII, column (C), line 12		7a	0
	1	unrelated business taxable income from Form 990-T, line 34		7b	0
			ar	Current Year	
9	8 Cc	ntributions and grants (Part VIII, line 1h)	5,450	104,600	
	9 Pr	gram service revenue (Part VIII, line 2g)		7,985	672,335
Apvenie	10 lnv	estment income (Part VIII, column (A), lines 3, 4, and 7d)	2,951	27,882	
_	11 Ot	ner revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0,484	96,213
_		al revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	85	6,870 0	901,030
	1	ants and similar amounts paid (Part IX, column (A), lines 1–3)	-,	0	0
	45 00	nefits paid to or for members (Part IX, column (A), line 4) aries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	8,513	354,691	
Section	15 Ca	ofessional fundraising fees (Part IX, column (A), line 11e)	0	0	
		al fundraising expenses (Part IX, column (D), line 25) ▶ 0			
Ä	] 17 Ot	per expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	38	0,133	434,583
	<b>18</b> To	al expenses Add lines 13–17 (must equal Part IX, column (A), line 25RECEIVED		8,646	789,274
	1 13 1/6	venue less expenses Subtract line to nont line 12		8,224	111,756
S	Sec	8	Beginning of Cu	rrent Year	End of Year
sset	<u></u>	al assets (Part X, line 16)		9,437	1,684,172
let A	21 To			3,681 5,756	92,870 1,591,302
	교 22 Ne	signature Block  OGDEN, UT	1,49	3,736	1,391,302
		ites of perjury, I declare that I have examined this return, including accompanying schedules and statemen	ata and to the hea	t of our lease.	dodgo and halvef it is
~		and complete Peclaration of preparer (other than officer) is based on all information of which preparer has		t of my know	vieuge and belief, it is
201		I em Torre	···		3/1/12
,_,Si	ign	Signature efforficer	<u>,</u>	Date	4.77.5
∾H		- Tagn Payne			
9_		Type or print name and title			
AUG		rint/Type preparer's name	Date	Check	ıf PTIN
_ Pa		HOMAS M. HUSEK CPA ShunguM. Guseh CPR	07/17	/12 self-em	
	eparer	ILLINOIS AG AUDITING ASSOC		irm's EIN	36-1252710
<b>Z</b> 0	se Only	318 SUSAN DR			200 000 2000
- d		Im's address NORMAL, IL 61761		Phone no	309-862-3870
		discuss this return with the preparer shown above? (see instructions) ork Reduction Act Notice, see the separate instructions.			X Yes No
DA		an naudonon not notice, see the separate matricularis.			Form <b>990</b> (207)
					/~

Form 990 (2011) YLLINOIS FERTILIZER & CHEMICAL 36-2672126	Page 2
Part III Statement of Program Service Accomplishments	
Check if Schedule O contains a response to any question in this Part III  1 Briefly describe the organization's mission:	
TO ASSIST AND REPRESENT THE CROP PRODUCTION SUPPLY AND SERVICE INDUSTRY PROMOTE THE SOUND STEWARDSHIP AND UTILIZATION OF AGRICULTURAL INPUTS.	AND
Did the organization undertake any significant program services during the year which were not listed on the	
prior Form 990 or 990-EZ?	s X No
If "Yes," describe these new services on Schedule O.	
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?	s X No
If "Yes," describe these changes on Schedule O	- [
4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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	
4a (Code. ) (Expenses \$ including grants of \$ ) (Revenue \$ REGULATORY COMPLIANCE ASSISTANCE: WE PROVIDE ASSISTANCE TO OUR MEMBERS HELP THEM COMPLY WITH A MULTITUDE OF FEDERAL AND STATE REGULATIONS PERTAINING TO THE STORAGE, TRANSPORTATION AND APPLICATION OF AGRICHEMIC AND CROP NUTRIENTS.	
4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ ADVOCACY: WE ADVOCATE FOR THE INDUSTRY AND SHAPE POLICY ON BEHALF OF THE BEST INTEREST OF OUR MEMBERS. THIS INCLUDES ADVOCACY WITH GOVERNMENT ENTITIES AS WELL AS WITH OTHER AGRICULTURAL ORGANIZATIONS AND RELATED INDUSTRIES THAT INTERACT WITH AGRICULTURE.	THE
4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	
EDUCATION: WE PROVIDE SAFETY TRAINING AND PROFESSIONAL BUSINESS TRAINING OUR MEMBERS AT VARIOUS EVENTS THAT IFCA SPONSORS THROUGHOUT THE CALFYEAR AND ALSO THROUGH THE PRODUCTION OF WRITTEN AND WEB-BASED EDUCATION MATERIALS.	ENDAR
4d Other program services. (Describe in Schedule O )	
(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e Total program service expenses ►  DAA  For	m <b>990</b> (2011
Fut	555 (2011

### Part IV. Checklist of Required Schedules

			Yes	<u> No</u>
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		x
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
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, or have a section 501(h)			
	election in effect 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 similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
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			v
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _ l		v
	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,"			x
0	complete Schedule D, Part III	8		
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		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
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		X
θ	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	• • • • • • • • • • • • • • • • • • • •		<b>.</b>	
	Schedule D, Parts XI, XII, and XIII	12a	X	-
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	426		v
13	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	170		
	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	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, Parts II and IV	15		X
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, Parts III and IV	16		X
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 (see instructions)	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		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	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	004	1 (204)

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<u> P</u>	art IV Checklist of Required Schedules (continued)	<del></del>	V	
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization		Yes	No
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States	21		
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	·	22		
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			x
24-	employees? If "Yes," complete Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			₹.
	through 24d and complete Schedule K If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	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		<b></b>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	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		<u> </u>
þ	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		<u> </u>
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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			•
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
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? 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 Schedule N, Part II

  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations
- sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,
- Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1
- 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
- b 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
- **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
- 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
- Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O

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32

33

34

35a

35b

36

37

X

X

X

X

X

DAA

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						
		1 1				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0				
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and						
_	reportable gaming (gambling) winnings to prize winners?			ļ	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		2				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	3			7,7	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	57		ļ	2b	X	
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			ŀ	.		7
3a b	Did the organization have unrelated business gross income of \$1,000 or more during the year?  If "You " has it filed a Form 900. If for this year? If "No." provide an evaluation in School to O			-	3a 3b		X
4a	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  At any time during the calendar year, did the organization have an interest in, or a signature or other au	thorst		ŀ	30		
Tu	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	•					
	account)?	iciai			4a		х
b	If "Yes," enter the name of the foreign country: ▶						
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	ccounts	i.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		•		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	on?		Ì	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			Ī	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	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	s or					
	gifts were not tax deductible?				6b	X	
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go	ods					
	and services provided to the payor?				7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				_		
	required to file Form 8282?	1 1			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			-		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cor- Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract			-	7e 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Forn		as roquiro	.do	7g		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization				7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	)	11 01111 103	,0-C !			
_	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?			f	8		Ī
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the organization make any taxable distributions under section 4966?				9a		Ī
b	Did the organization make a distribution to a donor, donor advisor, or related person?				9b		
10	Section 501(c)(7) organizations. Enter						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
þ	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					
þ	Gross income from other sources (Do not net amounts due or paid to other sources						
40.	against amounts due or received from them.)	11b					
12a	( ), ( )	1 1	•		12a		ļ
_ b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				42-		-
а	Is the organization licensed to issue qualified health plans in more than one state?				13a		_
b	Note. See the instructions for additional information the organization must report on Schedule O  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					
С	Enter the amount of reserves on hand	13c					
14a	Did the organization receive any payments for indoor tanning services during the tax year?				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule (	)		ŀ	14b		

Form 990 (2011) ILLINOIS FERTILIZER & CHEMICAL 36-2672126 Page 6 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 X Section A. Governing Body and Management No Yes 15 1a Enter the number of voting members of the governing body at the end of the tax year 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. 15 Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 any other officer, director, trustee, or key employee? 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 a The governing body? 8a b Each committee with authority to act on behalf of the governing body? 8ь Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE 17 List the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the JEAN PAYNE 14171 CAROLE DRIVE organization > IL 61705 **BLOOMINGTON** 

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.
- 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 (describe	bo: off	k, unle	ss pe	ition more rson i	than one s both ar r/trustee)	י	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) BILL ROMSHEK						$\vdash$				
CHAIRMAN	0.00	X		X		L.		0	0	0
(2) JEFF EGGLESTON										
VICE CHAIRMAN	0.00	X		X				0	0	0
(3) TRAVIS WEAVER										
SECRETARY	0.00	X		X				0	0	0
(4) BRIAN WADDELL	}				ļ					
TREASURER	0.00	X		X				0	0	0
(5) MARTIN CASE										
DIRECTOR	0.00	X	L					0	0	0
(6) ERIC GORDON	]									
DIRECTOR	0.00	X				Ш.		0	0	0
(7) TERRY HABROCK	j		1			1				
DIRECTOR	0.00	X						0	0	0
(8) RYAN HELDT		1				1				_
DIRECTOR	0.00	X				$\sqcup$		0	0	0
(9) TONY JUODIS										_
DIRECTOR	0.00	X				$\sqcup$		0	0	0
(10) JIM LILLYMAN	1					1 1				_
DIRECTOR	0.00	X				1		.0	0	0
(11) JIM MCNELLY				l						
DIRECTOR	0.00	X		<u> </u>	<u> </u>			0	0	0
(12) CARL KESSLER	1					1 1		_	_	_
DIRECTOR	0.00	X	<u> </u>	ļ	<u> </u>	<b>↓</b>		0	0	0
(13) JAMIE SOUTHARD		l		1				_	_	
DIRECTOR	0.00	X		<u> </u>		$\sqcup \downarrow$		0	0	0
(14) REGAN WEAR								_	_	
DIRECTOR	0.00	X		İ	1			0	0	0

Part VII Section A. Officers	s, Directors, Tru	stee	s, K	эу Е	mplo	yees	s, ar	nd Highest Compensated	Employees (continued)				
` (A) Name and title	(B) Average hours per week (describe hours for	of	x, uni ficer a	Pos check ess pe ind a c	erson i	than o	an 88)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	co	(F) Estimat amount other empense from th	of ation	
	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		a	rganiza and rela ganizat	ted	
(15) JOHN MUSSER DIRECTOR	0.00	x						0	0				
(16) RODNEY PHELPS EX-OFFICIO	0.00	х						0	0				
(17) JEAN PAYNE PRESIDENT	40.00					x		130,128	0				
(18)								333,123					
(19)	-		_										
(20)													
(21)		-						-					
(22)					ļ								
(23)													
(24)							-				-		
(25)	,												
1b Sub-total c Total from continuation she	ete to Part VII S	coti	on A		<u> </u>	1	<b>&gt;</b>	130,128					
d Total (add lines 1b and 1c)  2 Total number of individuals (in					linte		<u> </u>	130,128	100 000 15				
reportable compensation from				11036	11316		OVE.	y who received more than \$			<del></del>	<del></del>	
3 Did the organization list any fo	•				•	•	•	yee, or highest compensate	d		3	Yes	No X
employee on line 1a? If "Yes,"  For any individual listed on line organization and related organ	e 1a, is the sum o	of rep	orta	ble c	omp	ensa	ition			<u> </u>	3		
individual 5 Did any person listed on line 1	a receive or acci	ue c	omp	ensa	tion	from	any	unrelated organization or ir			4		X
for services rendered to the or Section B. Independent Contract		es," (	comp	olete	Sch	edule	Jfo	or such person	. <u>-</u>		5		X
Complete this table for your five compensation from the organical compensation.	zation Report co	nsat mpe	ed ır nsat	idepo	ende or the	ent co e cale	ntra enda	actors that received more that year ending with or within	an \$100,000 of the organization's tax year				
Name and	(A) d business address						-	Descrip	(B) tion of services		Cor	(C) npensat	ion
							<u> </u>						
									•				
							_						
O Tables de la constant		•					<u> </u>		. 15.0				<del></del>
2 Total number of independent of received more than \$100,000	•	_						e listed above) who	0		······	- <u>aar</u>	<del></del>
											F	uaf	1 1004

P	irt V	III Statement of Reve	<u>nue</u>						
						(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
\$ 5	1 4 -	Endorsted compains					revenue		512, 513, or 514
ant	1a	, ,	1a						
وَق		Membership dues	1b						
fts	۵ ا	Fundraising events	1c						
<u>@</u>	"	Related organizations	1d			1			
Sin	ء ا	Government grants (contributions)	1e						
Program Service Revenue Contributions, Giffs, Grants	1	All other contributions, gifts, grants, and similar amounts not included above	1f		104,600				
Conti	g h	Noncash contributions included in lines 1a- Total. Add lines 1a-1f	1f	\$	•	104,600			
ne					Busn. Code				
Ven	2a	MEMBERSHIPS				240,975	240,975		
, Re	ь	MIDWEST AG INDUSTRY	EXPO			215,400	215,400		
Vice	С	CONVENTIONS				179,423	179,423		
Ser	d	MEMBER SERVICE INCO	Æ.			36,437	36,437	<u>-</u>	
a	е	PROGRAMS				100	100		
.go	f	All other program service rever	nue						
<u> </u>	g	Total. Add lines 2a-2f			<b>•</b>	672,335			
	3	Investment income (including of	lividen	ds, interes	st,				
		and other similar amounts)			▶ _	30,247			30,247
	4	Income from investment of tax-	exem	t bond pr	oceeds 🕨 📙				
	5	Royalties			<b>•</b>				
		(ı) Real	_	(u) F	Personal	1			
	6a	Gross rents					1		
	b	Less rental exps				1	1		
	С	Rental inc or (loss)				1	I		
	d 7a	Net rental income or (loss) Gross amount from			<b>•</b>				
	'a	sales of assets (i) Securities		(u)	) Other	1	1		
		other than inventory		ļ		1			
	b	Less cost or other					1		
		basis & sales exps			2,365		1		
	С	Gain or (loss)			-2,365	1			
	d	Net gain or (loss)				-2,365	-2,365	·····	
nue	8a	Gross income from fundraising even	ts			1	I		
en		(not including \$				1	1		
Ş		of contributions reported on line 1c).				1			
Other Reve		See Part IV, line 18	а			•			
돌		Less: direct expenses	b			-			
		Net income or (loss) from fundi		events				···	· · · · · · · · · · · · · · · · · · ·
	9a	Gross income from gaming activities				<b>!</b>			
		See Part IV, line 19	а						
		Less. direct expenses	b			1			
		Net income or (loss) from gami	ng act	vities					
	10a	Gross sales of inventory, less							
		returns and allowances	а						
		Less cost of goods sold	b			1			
	С	Net income or (loss) from sales	of inv	entory	<b>_</b>				
		Miscellaneous Revenue			Busn. Code				
	11a	MISCELLANEOUS			<u> </u>	96,213		<del></del>	96,213
	b								
	C	• • • •			<u> </u>				
	đ	All other revenue			<u> </u>				
	40	Total. Add lines 11a–11d			<u> </u>	96,213			
	12	Total revenue. See instruction	S.			901,030	669,970	0	126,460

#### **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		
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	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				
6	Compensation not included above, to disqualified				
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	312,274		<del>                                </del>	
8	Pension plan accruals and contributions (include	312,214			
3	•	25,422			
9	section 401(k) and 403(b) employer contributions) Other employee benefits	16,995		· · · · · · · · · · · · · · · · · · ·	_
10		10,995			<del> </del>
11	Payroll taxes Fees for services (non-employees)				
a	Management				
b	Legal Accounting	41,832			
G C	Lobbying	41,032			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees			]	
	Other		<u>-</u>		<del></del>
g 12		<del></del>			
	Advertising and promotion	46,236	<u>"</u>	· · ·	
13	Office expenses	7,936			_
14 15	Information technology Royalties	1,930			
16	Occupancy	4,418			
17	Travel	39,555			
18		39,333			
10	Payments of travel or entertainment expenses for any federal, state, or local public officials				1
19					-
20	Conferences, conventions, and meetings Interest	··· -			_
21	Payments to affiliates		<del></del>		
22	Depreciation, depletion, and amortization	10,450		· · · · · · · · · · · · · · · · · · ·	
23	Insurance	5,671			
24	Other expenses Itemize expenses not covered	3,0,2	· · · · · · · · · · · · · · · · · · ·		<u> </u>
	above. (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				1
	(A) amount, list line 24e expenses on Schedule O)				1
а	DIRECT PROGRAM EXPENSES	189,211			†
b	RENTAL EXPENSE	41,064	<del> </del>		-
c	MISCELLANEOUS	18,188			
d	DUES & SUBSCRIPTIONS	14,541			
9	All other expenses	15,481			
25	Total functional expenses. Add lines 1 through 24e	789,274	0	0	0
26	Joint costs. Complete this line only if the				† <u>~</u>
	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)				
DA.4				· · · · · · · · · · · · · · · · · · ·	<del></del>

Pa	rt X	Balance Sheet						
						<b>(A)</b> Beginning of year		(B) End of year
- 1	1	Cash—non-interest bearing				207,664	1	293,416
1	2	Savings and temporary cash investments					2	944,767
	3	Pledges and grants receivable, net					3	
- 1	4	Accounts receivable, net				453	4	10,034
	5	Receivables from current and former officers, directors, to	rustees	s, key				
		employees, and highest compensated employees Comp	olete Pa	art II of				
		Schedule L					5	
	6	Receivables from other disqualified persons (as defined						
		4958(f)(1)), persons described in section 4958(c)(3)(B),						
- 1		employers and sponsoring organizations of section 501(	c)(9) vo	luntary	•			
ध		employees' beneficiary organizations (see instructions)					6	
Assets	7	Notes and loans receivable, net					7	
۲	8	Inventories for sale or use					8	
	9	Prepaid expenses and deferred charges		_			9	3,611
- 1	10a	Land, buildings, and equipment cost or						
- 1		other basis Complete Part VI of Schedule D	10a		136,322			<b>‡</b>
- 1	b	Less: accumulated depreciation	10b	<u> </u>	107,206	13,079	10c	29,116
- 1	11	Investments—publicly traded securities					11	
- 1	12	Investments—other securities. See Part IV, line 11				1,352,860	12	400,000
- 1	13	Investments—program-related. See Part IV, line 11					13	
- 1	14	Intangible assets				·	14	
- 1	15	Other assets. See Part IV, line 11			[	5,381	15	3,228
$\dashv$	16	Total assets. Add lines 1 through 15 (must equal line 34	<b>l</b> )			1,579,437	16	1,684,172
	17	Accounts payable and accrued expenses	L	16,487	17	3,491		
	18	Grants payable			18			
- 1	19	Deferred revenue	Ĺ	67,194	19	89,379		
1	20	Tax-exempt bond liabilities					20	
- 1	21	Escrow or custodial account liability Complete Part IV of	Sched	ule D	ļ		21	
es	22	Payables to current and former officers, directors, trustee	es, key					
≣		employees, highest compensated employees, and disqu	alified p	persons				•
Liabilities		Complete Part II of Schedule L			L	·	22	
	23	Secured mortgages and notes payable to unrelated third	•	•	Ļ		23	<del></del>
- 1	24	Unsecured notes and loans payable to unrelated third pa			-		24	
	25	Other liabilities (including federal income tax, payables to						
- 1		parties, and other liabilities not included on lines 17-24).	Comple	ete Part X				
		of Schedule D			-	00 601	25	
	26	Total liabilities. Add lines 17 through 25	·			83,681	26	92,870
اي		Organizations that follow SFAS 117, check here ▶	K and	complete	[			
2	^-	lines 27 through 29, and lines 33 and 34.			ŀ	1 450 400		1 560 100
ag	27	Unrestricted net assets			}	1,459,432		1,560,128
B	28	Temporarily restricted net assets				36,324		31,174
Š	29	Permanently restricted net assets	. ŕ	<del>-</del> -1 .	1		29	1
7		Organizations that do not follow SFAS 117, check he	ere 🟲 [	and				<b>‡</b>
ts c	20	complete lines 30 through 34.			ŀ			<b>†</b>
SSe	30	Capital stock or trust principal, or current funds					30	
	31	Paid-in or capital surplus, or land, building, or equipment			Ļ		31	-
	32	Retained earnings, endowment, accumulated income, or	other f	unds	ļ-	1 405 756	32	1 501 300
	33	Total net assets or fund balances				1,495,756		1,591,302
	34	Total liabilities and net assets/fund balances		<del></del>		1,579,437	34	1,684,172

Form **990** (2011)

Form	990 (2011) ILLINOIS FERTILIZER & CHEMICAL 36-2672126			Pag	ge <b>12</b>		
Pa	rt XI· Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	111	91	11	030		
2	Total expenses (must equal Part IX, column (A), line 25)	2			274 274		
3					<del>756</del>		
4							
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,49		<del>/30</del> 210		
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,	3  -			210		
•	column (B))	6	1,59	31	302		
Pa	rt XII Financial Statements and Reporting			<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>		
	Check if Schedule O contains a response to any question in this Part XII						
	Chican in Confedence of Containing a response to any question in this 1 art XIII			Yes	No		
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			103			
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in	-	— I I				
	Schedule O						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х		
b	Were the organization's financial statements audited by an independent accountant?		2b	х			
С	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		x		
	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 separate basis, consolidated 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	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the						
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				
			For	<sub>n</sub> 990	(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. OMB No 1545-0047 Open to Public

► Attach to Form 990. ► See separate instructions. Inspection Name of the organization Employer Identification number ILLINOIS FERTILIZER & CHEMICAL ASSOCIATION 36-2672126 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(II)? 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 answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

b If "Yes" to 3a(II), are the related organizat	b If "Yes" to 3a(II), are the related organizations listed as required on Schedule R?									
4 Describe in Part XIV the intended uses of	the organization's endowment fu	ınds								
Part Vi Land, Buildings, and E	quipment. See Form 990,	Part X, line 10.								
Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value						
	(investment)	(other)	depreciation							
1a Land										
<b>b</b> Buildings										
c Leasehold improvements										
d Equipment		136,322	107,206	29,116						
e Other										
Total, Add lines 1a through 1e. (Column (d) mu	st equal Form 990. Part X. colum	n (B), line 10(c),)		29.116						

Schedule D (F	orm 990) 2011	ILLINOIS	FERTILIZE	R &	CHEMICAL	36-2672126	Page 3
Part VII	Investments	-Other Secu	rities. See Form	1990,	Part X, line 12.	<u> </u>	
		ption of security or categ	ory		(b) Book value	(c) Method o	
	(ındı	uding name of security)				Cost or end-of-ye	ar market value
(1) Financial of							
	ld equity interests				100 000		
• •	NVESTMENTS				400,000		
(A)							
(B)							
(C)							
(D)							<del></del> .
(E)							
(F)							
(G)							
(H)							
(I)							
		orm 990, Part X, co		<u> </u>	400,000		
Part VIII			elated. See Forn	n 990	<u> </u>		
	(a) Des	cription of investment typ	0		(b) Book value	(c) Method o Cost or end-of-ye	
(1)							
(2)	···						· · · · · · · · · · · · · · · · · · ·
(3)							<del>, , ,</del>
(4)				-		· · · · · · · · · · · · · · · · · · ·	
(5)	_		•				···
(6)				_			1.77.27.22
(7)			<del></del>				· · · · · ·
(8)					· · · - · · ·		
(9)							
(10)							
	n (b) must equal F	orm 990, Part X, c	ol. (B) line 13.)	•			······································
Part IX			90, Part X, line 1	5.	·	<b></b>	
			(a) Description				(b) Book value
(1)	···	*******			· · · · · · · · · · · · · · · · · · ·		
(2)							
(3)							
(4)					·		~
(5)							`
(6)							
(7)	-						
(8)							
(9)					•		
(10)							
	n (b) must equal F	orm 990, Part X, c	ol. (B) line 15.)			<b>•</b>	
Part X			n 990, Part X, lin	e 25.			· · · · · · · · · · · · · · · · · · ·
1	(a)	Description of liability			(b) Book value		
(1) Federal	income taxes						
(2)							
(3)							
(4)		J.,					
(5)							
(6)							
(7)							
(8)							
(9)							
(10)					1		
(11)	<u>-</u>						
	n (b) must equal F	orm 990, Part X, c	ol (B) line 25 )	<b></b>			
				ote to 1	the organization's financial s	statements that reports the	

organization's liability for uncertain tax positions under FIN 48 (ASC 740).

	dule D (Form 990) 2011 ILLINOIS FERTILIZER & CHEMICAL 36-267212	6	Page 4
Pa	rt XII Reconciliation of Change in Net Assets from Form 990 to Audited Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	901,030
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	789,274
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	111,756
4	Net unrealized gains (losses) on investments	4	-16,210
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	-16,210
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	95,546
Pa	art XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu	rn	
1	Total revenue, gains, and other support per audited financial statements	1	884,820
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
а	Net unrealized gains on investments 2a -16,210		
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants 2c		
đ	Other (Describe in Part XIV )		
8	Add lines 2a through 2d	2е	-16,210
3	Subtract line 2e from line 1	3	901,030
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		
b	Other (Describe in Part XIV )		
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	901,030
Pa	Reconciliation of Expenses per Audited Financial Statements With Expenses per Re	turn	
1	Total expenses and losses per audited financial statements	1	789,274
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		
C	Other losses 2c		
d	Other (Describe in Part XIV )		
е	Add lines 2a through 2d	2е	
3	Subtract line 2e from line 1	3	789,274
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		
b	Other (Describe in Part XIV.)		
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	789,274

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

#### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### 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

OMB No 1545-0047

Name of the organization

ILLINOIS FERTILIZER & CHEMICAL

ASSOCIATION

Employer identification number 36-2672126

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS
YES

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS
YES

FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS YES

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
WE PROVIDE THE REVIEW TO THE CHAIRMAN AND FINANCE OFFICER OF THE BOARD OF
DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY POLICY REVIEWED ANNUALLY, CONFLICTS DEALT WITH IF THEY ARISE.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE EXECUTIVE COMMITTEE CONDUCTS AN ANNUAL PERFORMANCE AND SALARY REVIEW
WITH KEY EMPLOYEES.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION AVAILABLE UPON REQUEST.