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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

2012
Open to Public Inspection

Form **990** (2012)

For the 2012 calendar year, or tax year beginning 04/01/12<u>, and ending 03/31/13</u> C Name of organization ILLINOIS FERTILIZER & CHEMICAL Employer identification number Check if applicable **ASSOCIATION** Address change 36-2672126 Doing Business As Name change Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite Initial return 309-827-2774 14171 CAROLE DRIVE Terminated City, town or post office, state, and ZIP code BLOOMINGTON 882,242 Amended return IL 61705 G Gross receipts \$ Name and address of principal officer Application pending X H(a) Is this a group return for affiliates? SAME AS ABOVE H(b) Are all affiliates included? If "No," attach a list (see instructions X 501(c) Tax-exempt status 501(c)(3) (insert no 4947(a)(1) or WWW.IFCA.COM Website > H(c) Group exemption number 1966 Form of organization Corporation Trust X Association Year of formation ILM State of legal domicile Part I Summary 1 Briefly describe the organization's mission or most significant activities TO ASSIST AND REPRESENT THE CROP PRODUCTION SUPPLY AND SERVICE INDUSTRY AND Activities & Governance PROMOTE THE SOUND STEWARDSHIP AND UTILIZATION OF AGRICULTURAL INPUTS. 2 Check this box ▶ │ │ if the organization discontinued its operations or disposed of more than 25% of its net assets 15 3 Number of voting members of the governing body (Part VI, line 1a) 15 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 40 6 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 104,600 80,600 Revenue 672,335 705,063 9 Program service revenue (Part VIII, line 2g) 27,882 28,899 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 96,213 67,680 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 901,030 882,242 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4), 0 15 Salaries, other compensation, employee benefits (Part IX, Roburna A), lines-5 354,691 385,400 16a Professional fundraising fees (Part IX, column (A), line, 11e) b Total fundraising expenses (Part IX, column (D), line 24) ▶ 17 Other expenses (Part IX, column (A), lines 11a–11d 41–24e) 434,583 430,591 18 Total expenses Add lines 13-17 (must equal Part IX) column 789,274 815,991 111,756 19 Revenue less expenses Subtract line 18 from line 12 66,251 Beginning of Current Year End of Year 1,684,172 1,855,561 20 Total assets (Part X. line 16) 21 Total liabilities (Part X, line 26) 92,870 136,212 22 Net assets or fund balances Subtract line 21 from line 20 591,302 719,349 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature ed office Here Type or print name and title Print/Type preparer's name Paid THOMAS M. HUSEK CPA 08/07/13 self-employed P00040282 Preparer ILLINOIS AG AUDITING 36-1252710 Firm's name Firm's EIN ▶ **Use Only** 318 SUSAN DR NORMAL, IL 61761 309-862-3870 Phone no X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

Form 990 (20°	2) ILLINOIS FERTILIZER &	CHEMICAL	36-2672126	
Part III	Statement of Program Service Acc	•	- in this Dort III	
1 Briefly d	Check if Schedule O contains a responsible the organization's mission	onse to any questio	n in this Part III	
TO AS	SIST AND REPRESENT THE C TE THE SOUND STEWARDSHII			
2 Did the	organization undertake any significant program s	services during the year	which were not listed on the	
•	m 990 or 990-EZ? describe these new services on Schedule O			Yes X No
-	organization cease conducting, or make significations	ant changes in how it co.	nducts, any program	
services		onangoo in now it oo	madele, all, program	Yes X No
	describe these changes on Schedule O			
expense	 the organization's program service accomplish Section 501(c)(3) and 501(c)(4) organizations expenses, and revenue, if any, for each prograi 	are required to report to	- · · -	
HELP ')(Expenses \$ ATORY COMPLIANCE ASSISTATION OF THE STORAGE,	TUDE OF FED	OVIDE ASSISTANCE ERAL AND STATE	
ENTIT)(Expenses \$ ACY: WE ADVOCATE FOR THE INTEREST OF OUR MEMBERS IES AS WELL AS WITH OTHE FRIES THAT INTERACT WITH	THIS INCL R AGRICULTU	AND SHAPE POLIC UDES ADVOCACY W RAL ORGANIZATIO	
4c (Code) (Expenses \$	including grants of	•	(Revenue \$
	R MEMBERS AT VARIOUS EVI AND ALSO THROUGH THE PRO	ENTS THAT IF	CA SPONSORS THE	
· · · · · · · · · · · · · · · · · · ·	ogram services (Describe in Schedule O)			
(Expens		nts of \$) (Revenue \$	
4e Total pr	ogram service expenses ▶			

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A $\overline{\mathbf{x}}$ 2 2 Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X candidates for public office? If "Yes," complete Schedule C, Part I 3 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 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 98-197 If "Yes," complete Schedule C, X 5 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 X Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 X complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or X debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted X endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 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 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X complete Schedule D, Part VI 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a X Schedule D, Parts XI and XII 12a Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if X the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any Х organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance X to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on X Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? X If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Checklist of Required Schedules (continued) Yes No 21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization X in the United States on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II 21 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States X on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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 employees? If "Yes," complete Schedule J X 23 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 X 24a 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 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 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 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, highest compensated employee, or X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 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 X 27 entity or family member of any of these persons? If "Yes," complete Schedule L. Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X Schedule L. Part IV 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) X 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 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Х 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," X complete Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1 X 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 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,

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

19? Note. All Form 990 filers are required to complete Schedule O

37

X

Part VI

DAA

	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 1 1			
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?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	l			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	3)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	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 a	authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	ancial			
	account)?		4a		X
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	Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e			
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a	X	<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	l	7.7	
_	gifts were not tax deductible?		6b	X	ļ
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 g	goods	_		
L	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?	15	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	1		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e		ľ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	·	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting				
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring				
	organization, have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
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				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a]		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	4 1		1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which	1 1			
_	the organization is licensed to issue qualified health plans	13b	-		
C 140	Enter the amount of reserves on hand	13c	44.		X
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Year" has it filed a Form 720 to report those payments? If "No." provide an explanation in School III.	. 0	14a 14b		^
b Daa	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	<u>: U</u>		" gar	<u> </u> (2012)
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Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 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 1b Enter the number of voting members included in line 1a, above, who are independent 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 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X Did the organization have members or stockholders? 6 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 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 R Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X 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.) No 10a Did the organization have local chapters, branches, or affiliates? 10a X 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 X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? X 13 13 X 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a X Other officers or key employees of the organization 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 with a taxable entity during the year? X 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? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed ▶ 18 Section 6104 requires an organization to make its 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 Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization > JEAN PAYNE 14171 CAROLE DRIVE

309-824-2774

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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

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

(A) Name and Title	(B) Average hours per week (list any hours for	bo	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the			
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(***21033-MISC)	organization and related organizations
(1) JEFF EGGLESTON	1						,		,	
	0.00					1 1				
CHAIRMAN	0.00	X		X				0	0	0
(2) BRIAN WADDELL										
	0.00	l						_	_	_
VICE CHAIRMAN	0.00	X		X		\sqcup		0	0	0
(3) RYAN HELDT										
	0.00	l		l						
SECRETARY	0.00	X		X	_	\vdash		0	0	0
(4) TRAVIS WEAVER	0.00					1				
TO TAKE THE TO	0.00	.							_	_
TREASURER (5) MARTIN CASE	0.00	X		X	 -	+		0	0	0
(9)MARTIN CASE	0.00	ļ								
DIRECTOR	0.00	x						0	o	0
(6) ERIC GORDON	0.00	- <u>^~</u>		\vdash				<u> </u>	<u> </u>	
(0) 21120 0012011	0.00		İ			1				
DIRECTOR	0.00	x						0	o	0
(7) BILL ROMSHEK		† 	_	_		\Box				
,,	0.00									
DIRECTOR	0.00	X			l			0	О	0
(8) JEREMY MALONEY		1								
	0.00	1								
DIRECTOR	0.00	X						0	0	0
(9) TONY JUODIS								r —		
	0.00					1 1				
DIRECTOR	0.00	X						0	0	0
(10) JIM LILLYMAN										
	0.00									
DIRECTOR	0.00	X			<u> </u>	$\sqcup \downarrow$		0	0	0
(11) JIM MCNELLY										
	0.00							_		_
DIRECTOR	0.00	X						0	0	0
DAA										Form 990 (2012)

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Form **990** (2012)

Part VII Section A. Offi	icers, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)				
(A) Name and title	(B) Average hours per week (list any	bo	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)	c	(F) Estimated amount of other compensation from the				
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/10 99-M ISC)	 	organiza and rela organiza	tion ted	
(12) CARL KESSLER								· 	-				
DIRECTOR	0.00	x						0	o				0
(13) JAMIE SOUTHAR													
DIRECTOR	0.00	x						o	o				0
(14) REGAN WEAR													
DIRECTOR	0.00	x						0	o				0
(15) JOHN MUSSER	"	=										-	
DIRECTOR	0.00												0
DIRECTOR (16) JASON WESSLUN	0.00 D	X						0	0				
	0.00							_	_				_
EX-OFFICIO (17) JEAN PAYNE	0.00	X		-	├	}		0	0				0
(11/02121 2112112	40.00												
PRESIDENT (18) DAN SCHAEFER	0.00	-			-	X		150,000	0	<u> </u>			0
(18)DAN SCHAEFER	40.00					ļ							
EMPLOYEE	0.00	ļ			<u> </u>	x		114,500	0		0		0
(19)													
1b Sub-total		1			<u> </u>			264,500					
c Total from continuation d Total (add lines 1b and		Sect	ion /	A				264,500					
	ils (including but not l	ımıte n ▶	d to 2	thos	se lis	ted a	bov	re) who received more than				Yes	No
employee on line 1a? If "	Yes," complete Sche	dule	J for	suc	h inc	lividu	ıal	loyee, or highest compensa			3	res	X
								on and other compensation complete Schedule J for su			4		x
5 Did any person listed on I for services rendered to the								ny unrelated organization or for such person	rındıvıdual		5		x
Section B. Independent Contr	ractors												
								ractors that received more dar year ending with or with		ear			
Nan	(A) Name and business address				Descrip	(B) stion of services		Cor	(C) npensati	on			
			-										
Total number of independ received more than \$100,	dent contractors (incli	udıng ı fror	but n the	not e ord	limite	ed to	tho	se listed above) who	0				

Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII. (D) Revenue excluded from tax (C) Unrelated (A) Total revenue exempt function business revenue under sections 512, 513, or 514 revenue 1a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 80,600 g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f 80,600 Program Service Revenue Busn Code 246,100 246,100 MIDWEST AG INDUSTRY EXPO 2a 238,230 238,230 b MEMBERSHIPS 171,862 171,862 C CONVENTIONS 48,871 48,871 d MEMBER SERVICE INCOME f All other program service revenue 705,063 ▶ g Total. Add lines 2a-2f Investment income (including dividends, interest, 28,899 28,899 and other similar amounts) Income from investment of tax-exempt bond proceeds ▶ Royalties (ı) Real (II) Personal 6a Gross rents **b** Less rental exps Rental inc or (loss) Net rental income or (loss) Gross amount from (i) Securities (II) Other sales of assets other than inventor Less cost or other basis & sales exps c Gain or (loss) ▶ d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses Net income or (loss) from fundraising events ▶ 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a MISCELLANEOUS 67,680 67,680 b d All other revenue 67,680 Total, Add lines 11a-11d ▶ 96,579 882,242 705,063 Total revenue. See instructions

Part IX Statement of Functional Expenses

Seci	Check if Schedule O contains a resp			omplete column (A)	
	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
	Grants and other assistance to governments and		одраново	8	
•	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				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	222 462	····		· · · · · · · · · · · · · · · · · · ·
7	Other salaries and wages	332,469			.
8	Pension plan accruals and contributions (include	26 201			
•	section 401(k) and 403(b) employer contributions)	36,281 16,650			
9	Other employee benefits	10,030			
10 11	Payroll taxes Fees for services (non-employees)				
ıı a	Management				
a b	·				
	Accounting	43,500			
	Lobbying	13,300			
	Professional fundraising services See Part IV, line 17				·····································
f	Investment management fees			1	
g	· .			<u> </u>	
9	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	45,549			
14	Information technology	9,750			
15	Royalties				
16	Occupancy	4,266			
17	Travel	24,351			·
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates			<u> </u>	
22	Depreciation, depletion, and amortization	12,530		<u> </u>	
23	Insurance	9,339			
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If	1			
	line 24e amount exceeds 10% of line 25, column				
а	(A) amount, list line 24e expenses on Schedule O) DIRECT PROGRAM EXPENSES	177,344		 	
b	RENTAL EXPENSE	57,264		 	
c	MISCELLANEOUS	18,122		 	
d	DUES & SUBSCRIPTIONS	12,596		<u> </u>	
-	All other expenses	15,980			
25	`	815,991	(0	0
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				
	following SOP 98-2 (ASC 958-720)				
DAA					Form 990 (2012)

Form 990 (2012)

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (A) (B) End of year Beginning of year 293,416 256,1201 Cash-non-interest bearing 1,195,569 944,767 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 10,034 4 10,575 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net Inventories for sale or use 8 3,611 4,266 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 140,539 other basis Complete Part VI of Schedule D 10a 117,584 29,116 22,955 b Less accumulated depreciation 10b 10c 11 Investments—publicly traded securities 11 400,000 365,000 12 Investments-other securities See Part IV, line 11 12 13 Investments—program-related See Part IV, line 11 13 14 Intangible assets 14 3,228 1,076 15 Other assets See Part IV, line 11 15 1,684,172 1,855,561 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 Accounts payable and accrued expenses 3,491 17 12,195 18 Grants payable 18 89,379 124,017 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 92,870 136,212 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 1,560,128 27 Unrestricted net assets 27 1,719,349 31,174 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 1,719,349 1,591,302 33 Total net assets or fund balances 33 1,684,172 1,855,561 Total liabilities and net assets/fund balances

Form	990 (2012) ILLINOIS FERTILIZER & CHEMICAL 36-2672126	_		Pa	ge 12
Pa	TRICK TRANSPORT TO THE RECONCILIATION OF Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				$oldsymbol{oldsymbol{\square}}$
1	Total revenue (must equal Part VIII, column (A), line 12)	1			242
2	Totàl expenses (must equal Part IX, column (A), line 25)	2			991
3	Revenue less expenses Subtract line 2 from line 1	3			251
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,5		
5	Net unrealized gains (losses) on investments	5		<u>61,</u>	<u> 796</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	<u> </u>	19,	349
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		_		
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	ĺ
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				\Box
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
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				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			1	
	the Single Audit Act and OMB Circular A-133?		3a		х
ь	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		

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.

2012 Open to Public

Inspection

Name of the organization Employer identification number ILLINOIS FERTILIZER & CHEMICAL ASSOCIATION 36-2672126 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) 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 2b b Total acreage restricted by conservation easements 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 Yes No 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) Yes (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" 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 XIII, 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 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sche	edule D (Form 990) 2012 ILLINOI	S FERTILIZEI	R& (CHEMICA	<u>L</u>	36-2	<u> </u>		Page 2
Pź	art III Organizations Maintain	ing Collections of	Art, H	istorical Ti	reasures,	or Other	r Similar Asse	ts (continued	
3									
a	Public exhibition	d \square	Loan or	exchange pro	grams				
b	H	ē	Other	chonango pro	granio				
c	H_ 1		CC .						
4	Provide a description of the organization's	s collections and explain	n how th	ev further the	organization's	s exempt r	ourpose in Part		
	XIII			.,	g				
5	During the year, did the organization solic	at or receive donations	of art. hi	storical treasur	res. or other	sımılar			
	assets to be sold to raise funds rather tha							Yes	☐ No
Pa	art IV Escrow and Custodial A						Yes" to Form 9	990, Part IV,	
·	line 9, or reported an amo								
1a	Is the organization an agent, trustee, cust				r other asset	s not	7.0		
	included on Form 990, Part X?		•					Yes	☐ No
b	If "Yes," explain the arrangement in Part >	KIII and complete the fo	llowing t	able				_	
	•	•	•					Amount	
С	Beginning balance						1c		
	Additions during the year						1d		
e	Distributions during the year						1e		
f							1f		
	Did the organization include an amount or	n Form 990 Part X line	212					Yes	No
	If "Yes," explain the arrangement in Part			on has been o	rovided in Pa	rt XIII			H '''
	art V Endowment Funds. Cor						Part IV line 10		
		(a) Current year		b) Prior year	(c) Two year		(d) Three years back		ars back
1a	Beginning of year balance	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1,2,7,2,2,2,7,2,2	
	Contributions								
	Net investment earnings, gains, and	*			i				
·	losses		1		i				
			ļ				-		
	Grants or scholarships	-							
е	Other expenditures for facilities and								
	programs								
	Administrative expenses				<u> </u>				
	End of year balance	<u> </u>	L		<u> </u>				
2	Provide the estimated percentage of the	-	e (line 1	g, column (a))	held as				
	Board designated or quasi-endowment								
_		%							
С	Temporarily restricted endowment ▶	%							
_	The percentages in lines 2a, 2b, and 2c s	•							
3a	Are there endowment funds not in the pos	ssession of the organiza	ation tha	t are held and	administered	I for the		<u> </u>	<u> </u>
	organization by							Ye	s No
	(i) unrelated organizations							3a(i)	<u> </u>
	(ii) related organizations							3a(ii)	
þ	If "Yes" to 3a(ii), are the related organization	ions listed as required o	on Sched	dule R?				3b	
4	Describe in Part XIII the intended uses of								
₽ŧ	art VI Land, Buildings, and Ed	uipment. See For	m 990	, Part X, line	<u> 10.</u>				_
	Description of property	(a) Cost or other I (investment)	oasis	(b) Cost or o			ccumulated preciation	(d) Book value	e
1a	Land								
b	Buildings								
С	Leasehold improvements								
	Equipment			1	40,539		117,584	22	,955
	Other				•				<u></u>
	I. Add lines 1a through 1e (Column (d) mu	st equal Form 990. Par	t X, colu	mn (B), line 10)(c))		▶	22	,955
			,		· · · · -				,

	orm 990) 2012 ILLINOIS FERTILIZER		36-2672126	Page
Part VII	Investments—Other Securities. See Form 9		(a) Maiha	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-yea	
(1) Financial o				
	eld equity interests			<u> </u>
	NVESTMENTS	365,000		
(A)				
(B)				
(C)				-
(D)				
(E)				
(F)				
(G)				
(H)				
<u>(I)</u>				
	(b) must equal Form 990, Part X, col (B) line 12)	▶ 365,000	·- <u>-</u> -	
Part VIII	Investments—Program Related. See Form	<u> </u>		
	(a) Description of investment type	(b) Book value	(c) Method of Cost or end-of-yea	
(1)				
(2)				
(3)				
_(4)				
_(5)				
(6)				
_(7)				
(8)				
(9)				
(10)	(h) must agual Farm 000. Bart V. cal. (D) line 42.)			
Part IX	o (b) must equal Form 990, Part X, col (B) line 13) Other Assets. See Form 990, Part X, line 15.	•		
Lattix	(a) Description	•		(b) Book value
(1)	(4) 5553 (515)		 	(D) BOOK VAIGO
(2)				
(3)	7-11			
(4)				
(5)		4		
(6)				
(7)				
(8)				
(9)				.au=
(10)				
	(b) must equal Form 990, Part X, col (B) line 15)		<u> </u>	
Part X	Other Liabilities. See Form 990, Part X, line	25.		
1.	(a) Description of liability	(b) Book value		
	income taxes			
(2)				
(3)				
(4)				
(6)				
\ - /				

(7) (8) (9) (10)Total. (Column (b) must equal Form 990, Part X, col (B) line 25) \blacktriangleright

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

Sche	dule D (Form 990) 2012 ILLINOIS FERTILIZER & CHEMICA	AL	36-267212	6	Page 4
Pa	Reconciliation of Revenue per Audited Financial Statement	ents Wit	h Revenue per Ret	turn	
1	Total revenue, gains, and other support per audited financial statements			1	944,038
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a	61,796		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
е	Add lines 2a through 2d			2e	61,796
3	Subtract line 2e from line 1			3	882,242
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			
b	Other (Describe in Part XIII)	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	882,242
₽á	rt XII Reconciliation of Expenses per Audited Financial Staten	nents Wi	th Expenses per F	Return	
1	Total expenses and losses per audited financial statements			1	815,991
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a		1	
b	Prior year adjustments	2b		ŀ	
С	Other losses	2c		İ	
d	Other (Describe in Part XIII)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	815,991
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 XIII)	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	815,991

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

PART X - FIN 48 FOOTNOTE

Part XIII Supplemental Information

FASB CODIFICATION SECTION 740-10, "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES" REQUIRES ENTITIES TO ANALYZE THE LIKELIHOOD OF DISALLOWANCE OF TAX POSITIONS TAKEN IN RETURNS ALREADY FILED OR TO BE FILED IN THE CASE OF EXAMINATION BY TAXING AUTHORITIES. THIS EVALUATION OF TAX POSITIONS MAY RESULT IN THE RECOGNITION OF ADDITIONAL TAX LIABILITIES OR DERECOGNITION OF CERTAIN TAX ASSETS. IN CONSULTATION WITH THE ASSOCIATIONS TAX ADVISORS, MANAGEMENT HAS CONCLUDED THERE ARE NO UNCERTAIN TAX POSITIONS REQUIRING RECOGNITION IN THE FINANCIAL STATEMENTS AS OF MARCH 31, 2013 AND 2012.

THE ASSOCIATION'S INCOME TAX RETURNS ARE OPEN TO EXAMINATION BY TAXING AUTHORITIES FOR THE YEARS ENDED IN 2010, 2011, 2012 AND 2013. RETURNS ARE GENERALLY SUBJECT TO EXAMINATION FOR THREE YEARS AFTER THEY HAVE BEEN FILED.

Supplemental Information (continued)

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.

2012 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 ELECTRONIC COPY OF THE 990 WILL BE PROVIDED TO 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 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE EXECUTIVE COMMITTEE CONDUCTS AN ANNUAL PERFORMANCE AND SALARY REVIEW
FOR THE PRESIDENT.

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

THE BOARD OF DIRECTORS SERVES ON A VOUNTEER BASIS AND THEREFORE RECEIVES NO

COMPENSATION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

Schedule O (Form 990	0 or 990-EZ) (2012)	
Name of the organization		Employer identification number
	ILLINOIS FERTILIZER & CHEMICAL	36-2672126

AVAILABLE UPON REQUEST.