

**MOSE YOCKEY BROWN & KULL
P. O. Box 317, 230 N MORGAN ST
SHELBYVILLE, IL 62565
(217) 774-9587
mybkcpas@consolidated.net**

January 14, 2010

C.E.F.S. ECONOMIC OPPORTUNITY CORPORATION
1805 SOUTH BANKER STREET
EFFINGHAM, IL 62401

Dear Client,

Enclosed is the 2008 U.S. Form 990, Return of Organization Exempt from Income Tax, for C.E.F.S. ECONOMIC OPPORTUNITY CORPORATION for the tax year ending August 31, 2009.

Your 2008 U.S. Form 990, Return of Organization Exempt from Income Tax, return has been electronically filed.

We very much appreciate the opportunity to serve you. If you have any questions regarding this return, please do not hesitate to call.

Sincerely,

Kent D. Kull

Return of Organization Exempt From Income Tax

2008

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

For the **2008** calendar year, or tax year beginning **Sep 1**, **2008**, and ending **Aug 31**, **2009**

| | | | |
|--|--|---|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | Please use IRS label or print or type. See specific instructions. | C Name of organization C.E.F.S. ECONOMIC OPPORTUNITY CORPORATION Number and street (or P.O. box if mail is not delivered to street addr) Room/suite 1805 SOUTH BANKER STREET City, town or country State ZIP code + 4 EFFINGHAM IL 62401 | D Employer Identification Number 37-6053117 |
| | | E Telephone number (217) 342-2193 | G Gross receipts \$ 18,020,477. |
| | | F Name and address of principal officer: Nelson Aumann 1805 South Banker Effingham IL 62401 | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions) |
| I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | H(c) Group exemption number ▶ | |
| J Website: ▶ N/A | | | |
| K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of Formation: 1965 | M State of legal domicile: IL |

Part I Summary

| | | | | | |
|------------------------------------|-----------------|--|---|---------------------|------------|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: <u>TO PROVIDE OPPORTUNITES FOR DISADVANTAGED PERSONS</u> | | | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets. | | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 19 | |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 19 | |
| | 5 | Total number of employees (Part V, line 2a) | 5 | 364 | |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 3,679 | |
| Revenue | 7a | Total gross unrelated business revenue from Part VIII, line 12, column (C) | 7a | 0. | |
| | 7b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | | |
| | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year | |
| | 9 | Program service revenue (Part VIII, line 2g) | 12,771,920. | 17,379,896. | |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 567,715. | 561,403. | |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 48,501. | 40,940. | |
| | 12 | Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 36,953. | 38,238. | |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 13,425,089. | 18,020,477. | |
| | Expenses | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | |
| | | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 4,661,738. | 5,200,474. |
| 16a | | Professional fundraising fees (Part IX, column (A), line 11e) | | | |
| b | | Total fundraising expenses (Part IX, column (D), line 25) ▶ 0. | | | |
| 17 | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 8,526,788. | 12,506,830. | |
| 18 | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 13,188,526. | 17,707,304. | |
| Net Assets or Fund Balances | 19 | Revenue less expenses. Subtract line 18 from line 12 | 236,563. | 313,173. | |
| | 20 | Total assets (Part X, line 16) | Beginning of Year | End of Year | |
| | 21 | Total liabilities (Part X, line 26) | 2,780,406. | 3,248,021. | |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 207,600. | 342,544. | |
| | | | 2,572,806. | 2,905,477. | |

Part II Signature Block

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

| | | |
|------------------|---|-----------------------------|
| Sign Here | Signature of officer _____ | Date 01/14/10 |
| | Nelson Aumann Type or print name and title. | 01/14/10 |

| | | | |
|---------------------------------|--|----------------------|---|
| Paid Preparer's Use Only | Preparer's signature _____ | Date 01/14/10 | Check if self-employed <input type="checkbox"/> |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 MOSE YOCKEY BROWN & KULL P. O. Box 317, 230 N MORGAN ST SHELBYVILLE IL 62565 | EIN ▶ _____ | Preparer's identifying number (see instructions) Phone no. ▶ (217) 774-9587 |

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

TO PROVIDE OPPORTUNITES FOR DISADVANTAGED PERSONS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

Yes 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? Yes No

Yes No

If 'Yes,' describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services 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 \$ 2,855,238. including grants of \$ 0.) (Revenue \$ 3,695,930.)

HEADSTART PROGRAM-FEDERALLY FUNDED PRE-SCHOOL PROGRAM THAT PROVIDES COMPREHENSIVE DEVELOPMENTAL SERVICES TO LOW-INCOME CHILDREN. THE APPROACH IS BASED ON THE PHILOSOPHY THAT A CHILD CAN BENEFIT FROM A COMPREHENSIVE PROGRAM TO FOSTER SIGNIFICANT CHILD DEVELOPMENT. HEAD START HAS A FUNDED ENROLLMENT OF 467 CHILDREN AND OFFERS BOTH CENTER BASED AND HOME BASE PROGRAMS TO LOW-INCOME CHILDREN IN THE SEVEN COUNTIES OF: CLAY, EFFINGHAM, FAYETTE, SHELBY, MOULTRIE, CHRISTIAN, AND MONTGOMERY. CHILDREN, AGE THREE BY SEPTEMBER 1 TO COMPULSORY SCHOOL AGE, WHO MEET THE FEDERAL INCOME GUIDELINES ARE THE TARGETED POPULATION. TO HELP ENROLLED CHILDREN ACHIEVE THEIR FULL POTENTIAL HEAD START PROVIDES COMPREHENSIVE SERVICES THAT INCLUDES: EDUCATIONAL, HEALTH, NUTRITION, PARENT INVOLVEMENT, SOCIAL SERVICES, SCREENINGS, AND TRANSPORTATION. THE BASIC HEAD START PHILOSOPHY IS TO PROVIDE ALL CHILDREN WITH INDIVIDUALIZED CARE AND GUIDANCE IN REACHING THEIR FULL POTENTIAL. TEN PERCENT OF CHILD ENROLLMENT CAN BE FROM "OVER INCOME" FAMILIES. See Form 990, Page 2, Part III, Line 4a (continued)

4b (Code:) (Expenses \$ 6,064,490. including grants of \$ 0.) (Revenue \$ 6,143,300.)

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM-OFFERS ASSISTANCE TO LOW-INCOME HOUSEHOLDS TO BETTER AFFORD THE RISING COST OF ENERGY THROUGH DIRECT FINANCIAL ASSISTANCE, ENERGY COUNSELING, OUTREACH, AND EDUCATION. PARTICULAR EFFORT IS PLACED ON SERVING THE ELDERLY, PERSONS WITH DISABILITIES, AND LOW-INCOME INDIVIDUALS IN THE SEVEN COUNTY SERVICE AREA OF: CLAY, EFFINGHAM, FAYETTE, SHELBY, MOULTRIE, CHRISTIAN AND MONTGOMERY. THE LIHEAP PROGRAM IS DESIGNED TO ASSIST ELIGIBLE LOW-INCOME HOUSEHOLDS WITH A ONE-TIME BENEFIT TO PAY ENERGY BILLS. THE AMOUNT OF THE PAYMENT IS DETERMINED BY HOUSEHOLD SIZE, FUEL TYPE AND GEOGRAPHIC LOCATION, AND THE HOUSEHOLD'S 30-DAY INCOME. IF A CUSTOMER RENTS AND UTILITIES ARE INCLUDED IN THE RENT, THE CUSTOMER MUST PAY MORE THAN 30 PERCENT OF THEIR INCOME, IN ORDER TO RECEIVE A BENEFIT FROM THE PROGRAM. RECONNECTION ASSISTANCE MAY BE AVAILABLE IF THE HOUSEHOLD IS DISCONNECTED FROM AN ENERGY SOURCE NEEDED FOR HEATING AND/OR A DELIVERED FUEL SUPPLIER See Form 990, Page 2, Part III, Line 4b (continued)

4c (Code:) (Expenses \$ 3,569,961. including grants of \$ 0.) (Revenue \$ 3,675,254.)

WORKFORCE INVESTMENT ACT PROGRAM-PROVIDES ACTIVITIES THAT INCREASE EMPLOYMENT, RETENTION, EARNINGS, AND SKILLS IN THE LOCAL WORKFORCE REGION COMPRISED OF THE FOLLOWING FOURTEEN COUNTIES: CLARK, CLAY, COLES, CRAWFORD, CUMBERLAND, DOUGLAS, EDGAR, EFFINGHAM, FAYETTE, JASPER, LAWRENCE, MARION, MOULTRIE, AND RICHLAND. C.E.F.S. SERVES AS A SERVICE PROVIDER, UNDER CONTRACT WITH THE ILLINOIS EASTERN COMMUNITY COLLEGES, IN THE ILLINOIS LOCAL WORKFORCE AREA, TO PROVIDE ADULT, YOUTH, TAA, AND DISLOCATED WORKERS EMPLOYMENT AND TRAINING SERVICES AT THE ONE-STOP CROSSROADS WORKFORCE CENTERS. CUSTOMERS OF WIA PROGRAM ARE ABLE TO EASILY RECEIVE A PRELIMINARY ASSESSMENT OF THEIR SKILL LEVELS, APTITUDES, ABILITIES, AND SUPPORT SERVICE NEEDS. AT THE ONE-STOP CENTERS, THE CUSTOMERS CAN RECEIVE HELP FILING CLAIMS FOR UNEMPLOYMENT INSURANCE AND EVALUATING ELIGIBILITY FOR JOB TRAINING, EDUCATION PROGRAMS OR STUDENT FINANCIAL AID. THE CROSSROADS WORKFORCE CENTERS AND SATELLITE OFFICES OFFER JOB SEARCH AND PLACEMENT ASSISTANCE, See Form 990, Page 2, Part III, Line 4c (continued)

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

(Expenses \$ 4,760,975. including grants of \$ 0.) (Revenue \$ 4,505,993.)

4e Total program service expenses \$ 17,250,664. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

| | Yes | No |
|--|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A</i> | 1 | X |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? | 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? <i>If 'Yes,' complete Schedule C, Part I</i> | 3 | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If 'Yes,' complete Schedule C, Part II</i> | 4 | X |
| 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If 'Yes,' complete Schedule C, Part III</i> | 5 | |
| 6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I</i> | 6 | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i> | 7 | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III</i> | 8 | X |
| 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i> | 9 | X |
| 10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V</i> | 10 | X |
| 11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> | 11 | X |
| 12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If 'Yes,' complete Schedule D, Parts XI, XII, and XIII</i> | 12 | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E</i> | 13 | X |
| 14a Did the organization maintain an office, employees, or agents outside of the U.S.? | 14a | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If 'Yes,' complete Schedule F, Part I</i> | 14b | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Part II</i> | 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? <i>If 'Yes,' complete Schedule F, Part III</i> | 16 | X |
| 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If 'Yes,' complete Schedule G, Part I</i> | 17 | X |
| 18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II</i> | 18 | X |
| 19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III</i> | 19 | X |
| 20 Did the organization operate one or more hospitals? <i>If 'Yes,' complete Schedule H</i> | 20 | X |
| 21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i> | 21 | X |
| 22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III</i> | 22 | X |
| 23 Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? <i>If 'Yes,' complete Schedule J</i> | 23 | X |
| 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, and that was issued after December 31, 2002? <i>If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,' go to question 25</i> | 24a | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | |
| d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | 24d | |
| 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? <i>If 'Yes,' complete Schedule L, Part I</i> | 25a | X |
| b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If 'Yes,' complete Schedule L, Part I</i> | 25b | X |
| 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? <i>If 'Yes,' complete Schedule L, Part II</i> | 26 | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III</i> | 27 | X |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|------------|----|
| 28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee: | | |
| a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If 'Yes,' complete Schedule L, Part IV</i> | 28a | X |
| b Have a family member who had a direct or indirect business relationship with the organization? <i>If 'Yes,' complete Schedule L, Part IV</i> | 28b | X |
| c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If 'Yes,' complete Schedule L, Part IV</i> | 28c | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i> | 29 | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i> | 30 | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i> | 31 | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i> | 32 | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i> | 33 | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i> | 34 | X |
| 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i> | 35 | X |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i> | 36 | X |
| 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? <i>If 'Yes,' complete Schedule R, Part VI</i> | 37 | X |

BAA

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

| | | Yes | No |
|------------|--|-----|----|
| 1a | Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable | | |
| 1a | 73 | | |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| 1b | 0 | | |
| 1c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | |
| 2a | 364 | | |
| 2b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | | X |
| 3b | If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | X |
| 4a | | | |
| 4b | If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts. | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| 5b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| 5c | If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | | |
| 6a | Did the organization solicit any contributions that were not tax deductible? | | X |
| 6b | If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| 7a | Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? | | X |
| 7b | If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | | |
| 7c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| 7c | | | |
| 7d | If 'Yes,' indicate the number of Forms 8282 filed during the year | | |
| 7d | | | |
| 7e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| 7f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| 7g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | | |
| 7h | For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | | |
| 8 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | X |
| 9 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. | | |
| 9a | Did the organization make any taxable distributions under section 4966? | | X |
| 9b | Did the organization make any distribution to a donor, donor advisor, or related person? | | X |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| 10a | Initiation fees and capital contributions included on Part VIII, line 12 | | |
| 10b | Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| 11a | Gross income from other members or shareholders | | |
| 11b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| 12a | | | |
| 12b | If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year | | |
| 12b | | | |

BAA

Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

| | | Yes | No |
|--|---|-----|----|
| <i>For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.</i> | | | |
| 1a | Enter the number of voting members of the governing body | | |
| 1b | Enter the number of voting members that are independent | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | | X |
| 6 | Does the organization have members or stockholders? | | X |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | | X |
| 7b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| 8a | The governing body? | X | |
| 8b | Each committee with authority to act on behalf of the governing body? | X | |
| 9a | Does the organization have local chapters, branches, or affiliates? | | X |
| 9b | If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | | |
| 10 | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 | X | |
| 11 | Is there any officer, director or 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 | | X |

Section B. Policies

| | | Yes | No |
|------------|--|-----|----|
| 12a | Does the organization have a written conflict of interest policy? If 'No,' go to line 13 | X | |
| 12b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| 12c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done | X | |
| 13 | Does the organization have a written whistleblower policy? | X | |
| 14 | Does the organization have a written document retention and destruction policy? | X | |
| 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: | | |
| 15a | The organization's CEO, Executive Director, or top management official? | X | |
| 15b | Other officers of key employees of the organization? Describe the process in Schedule O. (see instructions) | X | |
| 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 |
| 16b | If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | | |

Section C. Disclosures

- 17** List the states with which a copy of this Form 990 is required to be filed ► Illinois
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 ► BILL BURRELL 1805 SOUTH BANKER STREET, EFFINGHAM IL 62401 (217) 342-2193

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

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

1 a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

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

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---------------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| AMANDA WATSON SECRETARY | 2.00 | X | | | | | | 0. | 0. | 0. |
| MARY BETH WELCH COLLINS DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| JESSE JAMES DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| CHARLES BUCHANAN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| JOYCE QUANDT DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| VICKI SHAFFER DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| ELDON GOURLEY DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| JEAN FINLEY 1ST VICE-CHAIRPERSON | 2.00 | X | | | | | | 0. | 0. | 0. |
| JOAN LAWRENCE 2ND VICE-CHAIRPERSON | 1.00 | X | | | | | | 0. | 0. | 0. |
| JOHN DURBIN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| KENNETH BARR DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| KAREN LUCHTEFELD DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| CHRISTOPHER DUPLAYEE DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| MERLE MICENHEIMER DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| JOE KELLY DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| NELSON AUMANN CHAIRPERSON | 2.00 | X | | | | | | 0. | 0. | 0. |
| PAT GREEN TREASURER | 1.00 | X | | | | | | 0. | 0. | 0. |

Part VIII Statement of Revenue

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 | |
|---|--|--|----------------------|--|---|---|--|
| CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS | 1 a Federated campaigns | 1 a | | | | | |
| | b Membership dues | 1 b | | | | | |
| | c Fundraising events | 1 c | | | | | |
| | d Related organizations | 1 d | | | | | |
| | e Government grants (contributions) | 1 e | 17,251,981. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1 f | 127,915. | | | | |
| | g Noncash contribns included in lns 1a-1f: | | \$ | | | | |
| | h Total. Add lines 1a-1f | | | 17,379,896. | | | |
| PROGRAM SERVICE REVENUE | 2 a <u>PROGRAM INCOME</u> | Business Code 900099 | 561,403. | 561,403. | 0. | 0. | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | | 561,403. | | | |
| OTHER REVENUE | 3 Investment income (including dividends, interest and other similar amounts) | | 40,940. | 40,940. | 0. | 0. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross Rents | (i) Real | (ii) Personal | | | | |
| | | b Less: rental expenses | | | | | |
| | | c Rental income or (loss) | | | | | |
| | | d Net rental income or (loss) | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | | b Less: cost or other basis and sales expenses | | | | | |
| | | c Gain or (loss) | | | | | |
| | | d Net gain or (loss) | | | | | |
| | 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a | | | | | |
| | | b Less: direct expenses | b | | | | |
| | | c Net income or (loss) from fundraising events | | | | | |
| | 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | |
| b Less: direct expenses | | b | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | | | | | | |
| | b Less: cost of goods sold | b | | | | | |
| | c Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11 a <u>MISCELLANEOUS</u> | Business Code 900099 | | 38,238. | 38,238. | 0. | 0. | |
| b | | | | | | | |
| c | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | | 38,238. | | | | |
| 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e | | | 18,020,477. | 640,581. | 0. | 0. | |

Part IX Statement of Functional Expenses

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

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

| <i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i> | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the 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 | 81,322. | 0. | 81,322. | 0. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)) | | | | |
| 7 Other salaries and wages | 5,119,152. | 4,968,052. | 151,100. | 0. |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | | | | |
| 11 Fees for services (non-employees) | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | | | | |
| d Lobbying | | | | |
| e Prof fundraising svcs. See Part IV, ln 17 | | | | |
| f Investment management fees | | | | |
| g Other | | | | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | | | | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 409,061. | 292,040. | 117,021. | 0. |
| 17 Travel | | | | |
| 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 | | | | |
| 22 Depreciation, depletion, and amortization | 10,413. | 0. | 10,413. | 0. |
| 23 Insurance | | | | |
| 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) | | | | |
| a <u>CONTRACTUAL SERVICES</u> | 834,989. | 828,638. | 6,351. | 0. |
| b <u>PROGRAM SUPPORT</u> | 1,239,202. | 1,160,534. | 78,668. | 0. |
| c <u>OTHER COSTS</u> | 95,627. | 84,538. | 11,089. | 0. |
| d <u>EQUIPMENT & VEHICLE MAINTENANCE</u> | 466,599. | 465,923. | 676. | 0. |
| e <u>DIRECT CLIENT ASSISTANCE</u> | 7,483,242. | 7,483,242. | 0. | 0. |
| f All other expenses | 1,967,697. | 1,967,697. | 0. | 0. |
| 25 Total functional expenses. Add lines 1 through 24f | 17,707,304. | 17,250,664. | 456,640. | 0. |
| 26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

Part X Balance Sheet

| | | (A) Beginning of year | | (B) End of year | |
|-----------------------------|---|--|------------|--------------------|------------|
| ASSETS | 1 | Cash — non-interest-bearing | 1,307,651. | 1 | 1,632,046. |
| | 2 | Savings and temporary cash investments | 740,967. | 2 | 761,557. |
| | 3 | Pledges and grants receivable, net | 388,733. | 3 | 491,582. |
| | 4 | Accounts receivable, net | | 4 | 21,382. |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L | | 6 | |
| | 7 | Notes and loans receivable, net | 31,026. | 7 | 37,086. |
| | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | 350. | 9 | 0. |
| | 10a | Land, buildings, and equipment: cost basis | 287,907. | | |
| | b | Less: accumulated depreciation. Complete Part VI of Schedule D | 267,490. | 23,739. | 20,417. |
| | 11 | Investments — publicly-traded securities | | 11 | |
| | 12 | Investments — other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments — program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 287,940. | 15 | 283,951. |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 2,780,406. | 16 | 3,248,021. | |
| LIABILITIES | 17 | Accounts payable and accrued expenses | 162,658. | 17 | 188,953. |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | 44,942. | 19 | 153,591. |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 | Payables to current and former officers, directors, 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 | |
| | 24 | Unsecured notes and loans payable | | 24 | |
| | 25 | Other liabilities. Complete Part X of Schedule D | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 207,600. | 26 | 342,544. |
| NET ASSETS OR FUND BALANCES | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34. | | | | |
| | 27 | Unrestricted net assets | 1,098,523. | 27 | 1,224,663. |
| | 28 | Temporarily restricted net assets | 1,474,283. | 28 | 1,680,814. |
| | 29 | Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | | |
| | 30 | Capital stock or trust principal, or current funds | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building, and equipment fund | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 | Total net assets or fund balances. | 2,572,806. | 33 | 2,905,477. | |
| 34 | Total liabilities and net assets/fund balances. | 2,780,406. | 34 | 3,248,021. | |

Part XI Financial Statements and Reporting

| | | Yes | No |
|----|---|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | X |
| b | Were the organization's financial statements audited by an independent accountant? | X | |
| c | If 'Yes' to 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? | X | |
| 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? | X | |
| b | If 'Yes,' did the organization undergo the required audit or audits? | X | |

BAA

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge | | | | | | |
| 4 Total. Add lines 1-3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4 | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|----|---|
| 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f | 15 | % |
| 16a 33-1/3 support test – 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/> | | |
| b 33-1/3 support test – 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/> | | |
| 17a 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/> | | |
| b 10%-facts-and-circumstances test – 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/> | | |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

| Calendar year (or fiscal yr beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|-------------|-------------|-------------|-------------|-------------|-------------|
| 1 Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.") | 11,774,205. | 13,368,232. | 12,733,774. | 12,771,920. | 17,379,896. | 68,028,027. |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1-5 | 11,774,205. | 13,368,232. | 12,733,774. | 12,771,920. | 17,379,896. | 68,028,027. |
| 7a Amounts included on lines 1, 2, 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6.) | | | | | | 68,028,027. |

Section B. Total Support

| Calendar year (or fiscal yr beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|-------------|-------------|-------------|-------------|-------------|-------------|
| 9 Amounts from line 6 | 11,774,205. | 13,368,232. | 12,733,774. | 12,771,920. | 17,379,896. | 68,028,027. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 21,978. | 29,669. | 49,254. | 48,501. | 40,940. | 190,342. |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 21,978. | 29,669. | 49,254. | 48,501. | 40,940. | 190,342. |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support. (add lns 9, 10c, 11, and 12.) | | | | | | 68,218,369. |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---------|
| 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) | 15 | 99.72 % |
| 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g | 16 | 99.75 % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|--------|
| 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) | 17 | 0.28 % |
| 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h | 18 | 0.25 % |

19a 33-1/3 support tests – 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33-1/3 support tests – 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

C. E. F. S. ECONOMIC OPPORTUNITY CORPORATION

Employer identification number

37-6053117

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 |
|--|------------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate contributions to (during year) | | |
| 3 Aggregate grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area

Protection of natural habitat Preservation of certified historic structure

Preservation of open space

2 Complete lines 2a-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 Year |
|--|-----------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06 | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds? Yes No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116, 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, 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 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 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If 'Yes,' explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If 'Yes,' explain the arrangement in Part XIV.

Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

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

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Depreciation | (d) Book Value |
|---|--------------------------------------|---------------------------------|------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 287,907. | 267,490. | 20,417. |
| e Other | | | | |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) | | | | 20,417. |

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

| | | | |
|----|--|--|-------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | | 18,020,477. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | | 17,707,304. |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | | 313,173. |
| 4 | Net unrealized gains (losses) on investments | | |
| 5 | Donated services and use of facilities | | |
| 6 | Investment expenses | | |
| 7 | Prior period adjustments | | |
| 8 | Other (Describe in Part XIV) | | |
| 9 | Total adjustments (net). Add lines 4-8 | | |
| 10 | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 | | 313,173. |

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

| | | | |
|---|---|----|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 18,842,297. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| | a Net unrealized gains on investments | 2a | |
| | b Donated services and use of facilities | 2b | 821,820. |
| | c Recoveries of prior year grants | 2c | |
| | d Other (Describe in Part XIV) | 2d | |
| | e Add lines 2a through 2d | 2e | 821,820. |
| 3 | Subtract line 2e from line 1 | 3 | 18,020,477. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| | a Investments expenses not included on Form 990, Part VIII, line 7b | 4a | |
| | b Other (Describe in Part XIV) | 4b | |
| | c Add lines 4a and 4b | 4c | |
| 5 | Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) | 5 | 18,020,477. |

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | |
|---|--|----|-------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 18,529,124. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| | a Donated services and use of facilities | 2a | 821,820. |
| | b Prior year adjustments | 2b | |
| | c Losses reported on Form 990, Part IX, line 25 | 2c | |
| | d Other (Describe in Part XIV) | 2d | |
| | e Add lines 2a through 2d | 2e | 821,820. |
| 3 | Subtract line 2e from line 1 | 3 | 17,707,304. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| | a Investments expenses not included on Form 990, Part VIII, line 7b | 4a | |
| | b Other (Describe in Part XIV) | 4b | |
| | c Add lines 4a and 4b | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) | 5 | 17,707,304. |

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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, 990-EZ and 990-PF**
▶ **See separate instructions.**

OMB No. 1545-0047

2008

Name of the organization

C.E.F.S. ECONOMIC OPPORTUNITY CORPORATION

Employer identification number

37-6053117

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule –

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules –

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

| | |
|--|---|
| Name of organization C.E.F.S. ECONOMIC OPPORTUNITY CORPORATION | Employer identification number 37-6053117 |
|--|---|

Part I Contributors (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|---|--------------------------------|---|
| 1 | IL DEPT OF COMMERCE AND ECONOMIC OPPORTUNITY 620 EAST ADAMS STREET SPRINGFIELD IL 62701 | \$ 3,187,739. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 2 | IL DEPT OF HFS 201 SOUTH GRAND AVE. EAST SPRINGFIELD IL 62763-0002 | \$ 4,437,334. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 3 | SHELBY COUNTY SHELBY COUNTY COURTHOUSE SHELBYVILLE IL 62565 | \$ 703,759. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 4 | IL HOUSING DEVELOPMENT AUTHORITY 401 NORTH MICHIGAN AVENUE CHICAGO IL 60611 | \$ 368,332. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 5 | US DEPT OF HHS 200 INDEPENDENCE AVENUE WASHINGTON DC 20201 | \$ 2,810,383. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 6 | ILLINOIS EASTERN COMMUNITY COLLEGES 80 BROADWAY AVENUE SUITE 101 MATTOON IL 61938 | \$ 893,815. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |

Name of organization

Employer identification number

C.E.F.S. ECONOMIC OPPORTUNITY CORPORATION

37-6053117

Part I Contributors (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|---|--------------------------------|--|
| 7 | CROSSROADS WORKFORCE INVESTMENT 305 RICHMOND AVENUE MATTOON IL 61938 | \$ 2,781,154. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 8 | AREA AGENCY ON AGING FOR LINCOLNLAND, INC. 3100 MONTVALE DRIVE SPRINGFIELD IL 62704 | \$ 398,765. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 9 | MIDLAND AREA AGENCY ON AGING P. O. BOX 1420 CENTRALIA IL 62801 | \$ 365,035. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 10 | US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT 77 WEST JACKSON BLVD CHICAGO IL 60604-3507 | \$ 353,319. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| --- | ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| --- | ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2008, or fiscal year beginning Sep 1, 2008, and ending Aug 31, 2009.

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

2008

Department of the Treasury
Internal Revenue Service

Name of exempt organization

C.E.F.S. ECONOMIC OPPORTUNITY CORPORATION

Employer identification number

37-6053117

Name and title of officer

Nelson Aumann

01/14/10

Part I Tax Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

| | | | | |
|--|-------------------------------------|--|-----------|--------------------|
| 1a Form 990 check here | <input checked="" type="checkbox"/> | b Total revenue , if any (Form 990, line 12) | 1b | <u>18,020,477.</u> |
| 2a Form 990-EZ check here | <input type="checkbox"/> | b Total revenue , if any (Form 990-EZ, line 9) | 2b | |
| 3a Form 1120-POL check here | <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b | |
| 4a Form 990-PF check here | <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b | |
| 5a Form 8868 check here | <input type="checkbox"/> | b Balance Due (Form 8868, line 3c) | 5b | |

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize MOSE YOCKEY BROWN & KULL to enter my PIN 53117 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ 01/14/2010

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN 37290488704
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 01/14/2010

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

Schedule O (Form 990), Supplemental Information to Form 990
Form 990, Page 2, Part III, Line 4a (continued)

A MINIMUM OF TEN PERCENT OF THE CHILD ENROLLMENT IS MADE AVAILABLE TO CHILDREN WITH SPECIAL NEEDS, REGARDLESS OF INCOME. GRANT FUNDING IS PROVIDED BY THE US DEPARTMENT OF HEALTH AND HUMAN SERVICES, UNDER THE ADMINISTRATION FOR CHILDREN AND FAMILIES, OFFICE OF HEAD START.

THE HEAD START PROGRAM HAD A FULLY FUNDED ENROLLMENT OF 467 CHILDREN, WITH 113 ENROLLED IN THE FULL-DAY CENTER BASED PROGRAM, WITH 330 ENROLLED IN THE PART-DAY CENTER BASED PROGRAM AND 24 ENROLLED IN THE HOME-BASED PROGRAM. ACTUAL ENROLLMENT AGE OF THE CHILDREN SERVED WAS 19 TWO YEARS OLD, 259 THREE YEARS OLD, 293 FOUR YEARS OLD AND 5 YEARS OLD. ACTUAL ENROLLMENT BY ETHNICITY AND RACE WAS 15 BEING HISPANIC OR LATINO ORIGIN AND 561 NON-HISPANIC OR LATINO. THE HEAD START PROGRAM OPERATED A TOTAL NUMBER OF 26 CLASSES, WITH 22 OF THE CLASSES BEING DOUBLE SESSION, WITH 2 CLASSES IN CHILDCARE CENTER PARTNERSHIPS, AND WITH 2 IN THE HOME BASED PROGRAM.

Schedule O (Form 990), Supplemental Information to Form 990
Form 990, Page 2, Part III, Line 4b (continued)

REFUSED TO DELIVER AND THE TANK CONTAINS 25% OR LESS. THE LIHEAP PROGRAM ALSO INCLUDES AN EMERGENCY FURNACE REPAIR OR REPLACEMENT COMPONENT FOR HOMEOWNERS. GRANT FUNDING IS PROVIDED BY THE US DEPARTMENT OF HEALTH AND HUMAN SERVICES THROUGH A BLOCK GRANT ADMINISTERED BY THE ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES, OFFICE OF ENERGY ASSISTANCE.

THE FOLLOWING OTHER ENERGY PROGRAMS ARE OFFERED TO ASSIST HOUSEHOLDS WITH THEIR ENERGY SERVICES: THE AMEREN BILL PAYMENT PROGRAM, THE AMEREN HARDSHIP ASSISTANCE PROGRAM, AND THE AMEREN DOLLAR MORE PROGRAM. EACH PROGRAM HAS SPECIFIC ELIGIBILITY REQUIREMENTS AND PAYMENT ASSISTANCE OPTIONS. FUNDING FOR THE AMEREN ENERGY PROGRAMS ARE PROVIDED BY THE AMEREN UTILITY COMPANY.

THE LIHEAP PROGRAM PROVIDED DIRECT CLIENT ASSISTANCE TO 8,732 HOUSEHOLDS, DIRECT RECONNECTION ASSISTANCE TO 1,720 HOUSEHOLDS, EMERGENCY SERVICE FURNACE TO 68 HOUSEHOLDS AND SPENT A TOTAL OF \$4,832,923 IN PROVIDING ENERGY ASSISTANCE TO HOUSEHOLDS. UNDER THE AMEREN/CIPS PROGRAMS WE PROVIDED 397 HOUSEHOLDS WITH AMEREN ENERGY ASSISTANCE.

Schedule O (Form 990), Supplemental Information to Form 990
Form 990, Page 2, Part III, Line 4c (continued)

CAREER COUNSELING, AND UP-TO-DATE LABOR MARKET INFORMATION WHICH IDENTIFIES JOB VACANCIES, SKILLS NECESSARY FOR HIGH GROWTH HIGH DEMAND JOBS, AND PROVIDE INFORMATION ABOUT LOCAL, REGIONAL AND NATIONAL EMPLOYMENT TRENDS. CUSTOMERS NEEDING MORE INTENSIVE HELP TO BECOME EMPLOYED CAN RECEIVE MORE COMPREHENSIVE ASSESSMENTS, DEVELOPMENT OF INDIVIDUAL EMPLOYMENT PLANS, GROUP AND INDIVIDUAL COUNSELING, CASE MANAGEMENT, AND SHORT-TERM PRE-VOCATIONAL SERVICES. IN CASES WHERE QUALIFIED CUSTOMERS RECEIVE INTENSIVE SERVICES, AND ARE STILL NOT ABLE TO FIND JOBS, THEY MAY RECEIVE TRAINING SERVICES THAT ARE DIRECTLY LINKED TO JOB OPPORTUNITIES IN THEIR LOCAL AREA. UNDER WIA YOUTH PROGRAM YOUNG PEOPLE ARE OFFERED PAID JOB EXPERIENCES AND TRAINING AT FOR-PROFIT AND NOT-FOR-PROFIT WORKSITES TO PREPARE THEM FOR THE WORLD OF WORK. GRANT FUNDING IS PROVIDED BY THE US DEPARTMENT OF LABOR THROUGH A BLOCK GRANT ADMINISTERED BY THE ILLINOIS DEPARTMENT OF COMMERCE AND ECONOMIC OPPORTUNITY, BUREAU OF WORKFORCE DEVELOPMENT. ILLINOIS EASTERN COMMUNITY COLLEGES FOR THE ILLINOIS WORKFORCE AREA #23 PROVIDES GRANT FUNDING TO C.E.F.S. ECONOMIC OPPORTUNITY CORPORATION TO BE THE SERVICE PROVIDER FOR ADULT, YOUTH, TAA, AND DISLOCATED WORKERS.

THE WORKFORCE INVESTMENT ACT PROGRAM SERVED THE FOLLOWING CUSTOMERS THE LAST PROGRAM YEAR. THE WIA PROGRAM MET OR EXCEEDED ALL TEN CORE PERFORMANCE MEASURES.

CUSTOMERS SERVED FROM JULY 1, 2008 TO JUNE 30, 2009:

1 A (ADULT)=197, 1 AS (ADULT STIMULUS)=22, 1 Y (YOUTH)=140, 1 YS (YOUTH STIMULUS)=255,
1 S DISLOCATED WORKERS=89, 1 D DISLOCATED WORKERS=436, 1 DS DISLOCATED WORKERS (STIMULUS)=77,
1 E DISLOCATED WORKERS=67, TAA=740, TOTAL CUSTOMERS SERVED = 2023

Schedule O (Form 990), Supplemental Information to Form 990

Form 990, Page 2, Part III, Line 4d (continued)

4d Describe the exempt purpose achievements for each of the organization's other program services. Section 501(c)(3) and (4) organizations and 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.

| | |
|----------------------------|--|
| Code: _____ | Description: <u>LITERCY PROGRAMS, CSBG PROGRAMS, FEMA PROGRAMS, HOME PROGRAMS,</u> |
| Expenses <u>4,760,975.</u> | <u>HOUSING PROGRAMS, HOME BUYER ASSISTANCE PROGRAMS, SENIOR/</u> |
| Grants Of <u>0.</u> | <u>TRANSPORTATION PROGRAMS AND ALL OTHER PROGRAMS</u> |
| Revenue <u>4,505,993.</u> | _____ |

All Diagnostics

1. Errors and Omissions will search your return for incomplete information, amounts that seem to be too high or too low considering information in the return, and for values you've marked as estimated. Clicking on highlighted form and line descriptions will take you to the locations where the diagnostic warning occurred to allow you to make changes to entries.
IMPORTANT: A computer program can only analyze a given number of conditions, so even if Errors and Omissions detects no errors, it is still very important for you to review the tax return thoroughly.
2. We recommend you check for any tax product updates before finalizing your client's tax return.
3. The Diagnostics review evaluates this return for required attachments for filing, inconsistent entries, advisory messages regarding program decisions, tax treatment of items not immediately apparent and additional computations that may be required.
4. Form 990, page 5, Part V, the totals of line 1a and line 2a are greater than 250. E-filing may be required.
5. All fields to which notes have been attached will be displayed. To edit or delete a note, select Add/Edit Note from the Edit menu. Notes may be marked for printing with the filing copy of the return.
6. The List of Overrides shows all the fields you overrode in this return.

The program performs calculations according to IRS or state instructions for standard situations. Overrides can affect these calculations throughout the return.

CAUTION: Use the override feature only in those rare situations where the standard calculations are not appropriate for your client's tax situation.