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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

C Name of organization: **Employee Connection, Inc. NPF**
 Number and street (or P O box, if mail is not delivered to street address) Room/suite: **2504 Washington Street Suite 602**
 City, town, or country State ZIP + 4: **Waukegan IL 60085**

D Employer identification number: **94-3436433**

E Telephone number: **847-406-3105**

F Group Exemption Number: **▶**

G Accounting method: Cash Accrual
Other (specify) **▶**

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: **▶**

J Organization type (check only one)— 501(c) () ◀ (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ **\$ 14,450**

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Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)			
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	14,450
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	0
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less: cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	0
	6 Special events and activities (complete applicable parts of Schedule B. If any amount is from gaming, check here <input type="checkbox"/>)		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	0
	b Less direct expenses other than fundraising expenses	6b	0
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0	
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8 Other revenue (describe ▶ _____)	8	0	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	14,450	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	0
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	3,086
	13 Professional fees and other payments to independent contractors	13	408
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ▶ See attached statement _____)	16	7,088
17 Total expenses. Add lines 10 through 16	17	10,582	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,868
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	0
	20 Other changes in net assets or fund balances (attach explanation)	20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	3,868

977 010

SCANNED NOV 20 2014

STATEMENT RECEIVED

NOV 14 2014

TP BRANCH
OGDEN

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IRS-OSC
OGDEN, UT

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.
(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	0	3,868
23 Land and buildings	23	
24 Other assets (describe ▶ _____)	0	0
25 Total assets	0	3,868
26 Total liabilities (describe ▶ _____)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0	3,868

Part III Statement of Program Service Accomplishments (See the instructions for Part III)	Expenses
What is the organization's primary exempt purpose? To successfully bring about sustainable change in the lives of the poor. Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title	(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
28 _____ _____ _____ (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 0
29 _____ _____ _____ (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	29a 0
30 _____ _____ _____ (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	30a 0
31 Other program services (attach schedule) (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	31a 0
32 Total program service expenses. (add lines 28a through 31a)	32 0

(a) Name and address			(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name Cynithia Dockery	Str 2504 Waashington St	City Waukegan	Title President	.00	0	0
	ST IL ZIP 60085		Hr/WK			
Name Arthur J. Gass	Str 1020 Glen Flora	City Waukegan	Title Director	.00	0	0
	ST IL ZIP 60085		Hr/WK			
Name Ellie Coleman	Str 4065 Kenwood Ave	City Gurnee	Title Director	.00	0	0
	ST IL ZIP 60031		Hr/WK			
Name Mary Lockhart-White	Str 1200 Glen Flora Ave	City Waukegan	Title Director	.00	0	0
	ST IL ZIP 60085		Hr/WK			
Name Lucille Coleman	Str 4065 Kenwood Ave	City Gurnee	Title Director	.00	0	0
	ST IL ZIP 60031		Hr/WK			
Name Robert Wieseneck	Str 840 Walden Ln	City Lake Forest	Title Director	.00	0	0
	ST IL ZIP 60045		Hr/WK			
Name Suzanne Wieseneck	Str 840 Ealdeen Ln	City Lake Forest	Title Director	.00	0	0
	ST IL ZIP 60045		Hr/WK			
Name _____	Str _____	City _____	Title _____	.00	0	0
	ST ZIP _____		Hr/WK			
Name _____	Str _____	City _____	Title _____	.00	0	0
	ST ZIP _____		Hr/WK			
Name _____	Str _____	City _____	Title _____	.00	0	0
	ST ZIP _____		Hr/WK			
Name _____	Str _____	City _____	Title _____	.00	0	0
	ST ZIP _____		Hr/WK			
Name _____	Str _____	City _____	Title _____	.00	0	0
	ST ZIP _____		Hr/WK			
Name _____	Str _____	City _____	Title _____	.00	0	0
	ST ZIP _____		Hr/WK			
Name _____	Str _____	City _____	Title _____	.00	0	0
	ST ZIP _____		Hr/WK			
Name _____	Str _____	City _____	Title _____	.00	0	0
	ST ZIP _____		Hr/WK			

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Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	0
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____, section 4955 ▶ _____		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41	List the states with which a copy of this return is filed. ▶ _____		
42 a	The books are in care of ▶ Name <u>Cythia Dockery</u> Telephone no ▶ <u>847-406-3105</u> Located at ▶ <u>2504 Washington Street</u> City <u>Waukegan</u> ST <u>IL</u> ZIP + 4 ▶ <u>60085</u>		
b	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)? 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.	42b	X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ _____	42c	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. Yes No
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. Yes No
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Yes No
- 49 a Did the organization make any transfers to an exempt non-charitable related organization? Yes No
- b If "Yes," was the related organization(s) a section 527 organization? Yes No
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <u>None</u> Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____	.00	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____	.00	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____	.00	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____	.00	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____	.00	0	0
Total number of other employees paid over \$100,000 ▶		0	0	0

- 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name <u>None</u> Str _____ City _____ ST _____ ZIP _____		0
Name _____ Str _____ City _____ ST _____ ZIP _____		0
Name _____ Str _____ City _____ ST _____ ZIP _____		0
Name _____ Str _____ City _____ ST _____ ZIP _____		0
Name _____ Str _____ City _____ ST _____ ZIP _____		0
Total number of other independent contractors each receiving over \$100,000 ▶		0

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: *[Signature]* Date: 5-15-2009
 Type or print name and title: Cynthia A. Dockery - Executive Director/President

Paid Preparer's Use Only
 Preparer's signature: *[Signature]* Date: 5/15/2009
 Check if self-employed: Preparer's Identifying Number (See instructions): 349-42-1703
 Firm's name (or yours if self-employed), address, and ZIP +4: Slater's Accounting Service
324 South Sheridan Road, Waukegan, IL 60085
 EIN: _____ Phone no: 847-782-1094

May the IRS discuss this return with the preparer shown above? See instructions. Yes No

Part I, Line 16 (990-EZ) - Other Expenses

7,088

1	Travel, Meals and Entertainment		
	a Travel	1a	
	b Total meals and entertainment	1b	
2	Fundraising	2	
3	From Form 4562 - Amortization	3	
4	Conferences, conventions, and meetings	4	
5	Depreciation, depletion, etc.	5	
6	Equipment rental and maintenance	6	
7	Interest	7	
8	Supplies	8	
9	Telephone	9	
10	Unrelated business income taxes	10	0
11	Filing Fee	11	775
12	Workmen Compensation	12	492
13	Advertisement	13	200
14	Web design	14	500
15	Office supplies	15	46
16	Miscellaneous	16	39
17	Payroll Taxes	17	236
18	Rent	18	4,800
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	

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