See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form 990-EZ

Short Form
Return of Organization Exempt From Income Tax

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

► 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 $500,000 and total assets less than $1,250,000 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*

Department of the Treasury
Internal Revenue Service

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending ,

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Termination
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type. See Specific Instructions.

C
PANTAGRAPH GOODFELLOW FUND
301 W WASHINGTON STREET
BLOOMINGTON, IL 61701-3827

D Employer identification number
37-6046627

E Telephone number
(309) 829-9000

F Group Exemption Number ►

• *Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).*

G Accounting method [X] Cash [ ] Accrual
Other (specify) ►

I Website: ► N/A

J Tax-exempt status (check only one) — [X] 501(c) (3) ◄ (insert no.) [ ] 4947(a)(1) or [ ] 527

H Check ► [X] if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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 Form 990-EZ or Form 990 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 $500,000 or more, file Form 990 instead of Form 990-EZ ► $ 65,458.

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	64,718.
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	740.
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract ln 5b from ln 5a)		5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► [ ]			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a		
	b	Less direct expenses other than fundraising expenses	6b		
	c	Net income or (loss) from special events and activites (Subtract line 6b from line 6a)		6c	
	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	
	8	Other revenue (describe ► _____)		8	
	9	**Total revenue** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	►	9	65,458.
EXPENSES	10	Grants and similar amounts paid (attach schedule) See Statement 1		10	53,800.
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	1,970.
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	2,135.
	16	Other expenses (describe ► See Statement 2)		16	15.
	17	**Total expenses.** Add lines 10 through 16	►	17	57,920.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	7,538.
	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	47,621.
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	►	21	55,159.

RECEIVED
MAY 14 2010
OGDEN, UT
399 IRS-OSC

Part II **Balance Sheets.** If Total assets on line 25, column (B) are $1,250,000 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	47,621.	22	55,159.
23 Land and buildings		23	
24 Other assets (describe ► _____)		24	
25 **Total assets**	47,621.	25	55,159.
26 **Total liabilities** (describe ► _____)	0.	26	0.
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	47,621.	27	55,159.

Part III Statement of Program Service Accomplishments (See the instructions.)

What is the organization's primary exempt purpose? See Statement 3

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

Expenses (Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others)

28	PURCHASED BLANKETS FOR 2,300 PATIENTS IN CENTRAL ILLINOIS NURSING HOMES. (Grants $) If this amount includes foreign grants, check here ► ☐	28a	32,239.
29	See Statement 4 (Grants $) If this amount includes foreign grants, check here ► ☐	29a	20,061.
30	PURCHASED 60 GIFT CERTIFICATES FOR NEEDY CHILDREN FROM THE BOYS AND GIRLS CLUB. AVERAGE COST PER RECIPIENT WAS $25. (Grants $) If this amount includes foreign grants, check here ► ☐	30a	1,500.
31	Other program services (attach schedule). See Statement 5 (Grants $) If this amount includes foreign grants, check here ► ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ►	32	53,800.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instrs)

(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 and deferred compensation	(e) Expense account and other allowances
BARRY WINTERLAND 301 W. WASHINGTON BLOOMINGTON, IL 61701	Trustee 2.00	0.	0.	0.
MARK PICKERING 301 W. WASHINGTON BLOOMINGTON, IL 61701	Trustee 2.00	0.	0.	0.
JULIE GERKE 301 W. WASHINGTON BLOOMINGTON, IL 61701	Trustee 2.00	0.	0.	0.
RICHARD JOHNSTON 301 W. WASHINGTON BLOOMINGTON, IL 61701	Trustee 2.00	0.	0.	0.

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

			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	33		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		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 why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	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 outstanding at the end of the period covered by this return?	38a		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved. 38b N/A			
39	Section 501(c)(7) organizations Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0.			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► 0.			
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 ► IL			

42a The organization's books are in care of ► SULASKI & WEBB, CPA'S Telephone no. ► 309-828-6071

Located at ► 207 WEST JEFFERSON, STE 203 BLOOMINGTON IL ZIP + 4 ► 61701

			Yes	No
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: ►	42b		X
	See the instructions for exceptions and filing requirements for **Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts.**			
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. ► ☐ N/A

and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 N/A

			Yes	No
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 and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

See Statement 6

			Yes	No
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	46		X
47	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If 'Yes,' was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's 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 and deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over $100,000 ►

51 Complete this table for the organization's 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
None		

d Total number of other independent contractors each receiving over $100,000 ►

Sign Here

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

► Barry Winterland 5-10-10
Signature of officer Date

► Barry Winterland, Trustee
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ►	Mary Ann Webb	Date 5/5/10	Check if self-employed ► X	Preparer's Identifying Number (See instructions) P00015638
Firm's name (or yours if self-employed), address, and ZIP + 4 ►	SULASKI AND WEBB, CPAS 207 W. Jefferson, Ste. 203 Bloomington, IL 61701		EIN ► 37-1142100 Phone no ► (309) 828-6071	

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

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► **Attach to Form 990 or Form 990-EZ.** ► **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
PANTAGRAPH GOODFELLOW FUND	37-6046627

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☒ An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III – Functionally integrated **d** ☐ Type III– Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g (i)**		
(ii) a family member of a person described in (i) above?	**11g (ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	**11g (iii)**		

h Provide the following information about the supported organizations.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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-through 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 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 . . ► ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) . .	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14 . . .	15	%

16a **33-1/3 support test — 2009.** 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. . . . ► ☐

b **33-1/3 support test — 2008.** 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. . . . . ► ☐

17a **10%-facts-and-circumstances test — 2009** 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. . ► ☐

b **10%-facts-and-circumstances test — 2008.** 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. . . . . ► ☐

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 ► ☐

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')	86,454.	54,283.	50,898.	52,298.	64,718.	308,651.
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						0.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 **Total.** Add lines 1 through 5	86,454.	54,283.	50,898.	52,298.	64,718.	308,651.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 **Public support** (Subtract line 7c from line 6)						308,651.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	86,454.	54,283.	50,898.	52,298.	64,718.	308,651.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	1,402.	1,501.	1,982.	1,335.	740.	6,960.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	1,402.	1,501.	1,982.	1,335.	740.	6,960.
11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						0.
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
13 **Total support.** (add lns 9, 10c, 11, and 12.)						315,611.

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 2009 (line 8, column (f) divided by line 13, column (f))	15	97.8 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	98.1 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	2.2 %
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	1.9 %

19a **33-1/3 support tests – 2009.** 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 – 2008.** 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 ► ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Statement 1
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Donee's Name:	NEEDY FAMILY GIFTS	
Donee's Address:	SEE ATTACHED	
Description of Property:	FOOD BASKETS	
Book Value:	6,847.	
Method Used to Determine BV:	PURCHASE PRICE	
Fair Market Value:		$ 6,847.
Method Used to Determine FMV:	PURCHASE PRICE	
Donee's Name:	NEEDY FAMILY GIFTS	
Donee's Address:	SEE ATTACHED	
Description of Property:	GIFT CERTIFICATES	
Book Value:	13,214.	
Method Used to Determine BV:	PURCHASE PRICE	
Fair Market Value:		13,214.
Method Used to Determine FMV:	PURCHASE PRICE	
Donee's Name:	BOYS AND GIRLS CLUB	
Donee's Address:	1615 ILLINOIS STREET BLOOMINGTON, IL 61701	
Cash Amount Given:		$ 1,500.
Donee's Name:	NURSING HOME RESIDENTS	
Description of Property:	BLANKETS	
Book Value:	32,239.	
Method Used to Determine BV:	PURCHASE PRICE	
Fair Market Value:		32,239.
Method Used to Determine FMV:	PURCHASE PRICE	

Statement 2
Form 990-EZ, Part I, Line 16
Other Expenses

MISCELLANEOUS	$ 15.
Total	$ 15.

Statement 3
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

GOODFELLOW PROVIDES ASSISTANCE TO THOSE LESS FORTUNATE IN MCLEAN AND SIX SURROUNDING COUNTIES. IN RECENT YEARS, THE PROGRAM EXPANDED TO PROVIDE ASSISTANCE AS NEEDED THROUGHOUT THE YEAR.

Statement 4
Form 990-EZ, Part III, Line 29
Statement of Program Service Accomplishments

PURCHASED FOOD BASKETS, BLANKETS, AND GROCERY STORE GIFT CERTIFICATES FOR 144 NEEDY FAMILIES IN CENTRAL ILLINOIS. THE NAMES & ADDRESSES OF THE RECIPIENTS, BROKEN DOWN BY WHAT GOODS WERE RECEIVED, IS ATTACHED. ALSO PURCHASED BLANKETS FOR 2,300 PATIENTS IN CENTRAL ILLINOIS NURSING HOMES.

Statement 5
Form 990-EZ, Part III, Line 31
Statement of Program Service Accomplishments

Description	Grants	Program Service Expenses
Includes Foreign Grants: No		
Includes Foreign Grants: No		
Total	$ 0.	$ 0.

Statement 6
Form 990-EZ, Part VI
Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	No

2009 990-EZ ATTACHMENT
PANTAGRAPH GOODFELLOW FUND
FEIN 37-6046627
FRUIT BASKET, HAM, $100 GIFT CARD, AND BLANKET RECIPIENTS

Recipient First	Recipient Last	and	Recipient #2 First	Recipient #2 Last	Number of family members	Address 1	City	State	Zip
Linda	Denham					16 Fetzer Ct. Apt. 7	Bloomington	IL	61701
Trisha	Eral					5 Snapdragon	Bloomington	IL	61701
Pearl	Neal				1	807 W. Monroe Apt. 1	Bloomington	IL	61701
Patricia	Thompson					214 1/2 Greenwood Apt. B	Bloomington	IL	61704
Erica	Boyle				4	1408 W. Market	Bloomington	IL	61701
Rita	Cheeks				2	710 Orlando Ave. 7-H	Normal	IL	61761
Charlotte	Dotts				2	905 N. Oak St.	Bloomington	IL	61701
Donald	Fox				2	1 Willedrob Dr. #26	Bloomington	IL	61704
Nicole	Francis	and	Pat	Robinson	3	216 E. Wood St.	Bloomington	IL	61701
Rebecca	Lynn				2	101 Maitland Dr.	Carlock	IL	61725
Theresa	McGee				3	905 W. Taylor St.	Bloomington	IL	61701
Brandi	Merrit				2	1409 W. Monroe	Bloomington	IL	61701
Bernadine	Wefford				4	704 N. Oak Apt. B	Bloomington	IL	61701
Tom	Ayers				1	924 W Front St. Unit #4	Bloomington	IL	61701
Christina	Childs				2	1730 W. Olive St.	Bloomington	IL	61701
Phyllis	Davidson				2	302 E. Wood St.	Bloomington	IL	61701
Thelma	Edge				1	403 1/2 E. Monroe	Bloomington	IL	61701
Steve	Holliday				1	607 Roosevelt Rd	Bloomington	IL	61701
Annie	Hughes				2	1406 W. Market St.	Bloomington	IL	61701
Charlotte	Langley				3	202 Foxhill Circle Apt. C	Bloomington	IL	61701
Deborah	Mager				2	1203 Wall #3	Normal	IL	61761
Lydia	Poindexter				7	104 N. Allin St.	Bloomington	IL	61701
Ella	Richard				3	409 W. Warren St.	LeRoy	IL	61752
Tealra	Ross				3	1700 N School Apt. 70	Normal	IL	61761
Marjorie	Russell	and	Barb	Strangeway	6	408 E. Jackson	Bloomington	IL	61701
Amy	Simpson				5	1722 W Olive St.	Bloomington	IL	61701
Tiesha	Smith				4	1803 W. Illinois St.	Bloomington	IL	61701
Harold	Wallin				2	27027 N. 1750 E Rd.	Gridley	IL	61744
Lee	Welch				3	406 Holton Dr.	Bloomington	IL	61701
Mary	Bailey				3	823 W Mill St.	Bloomington	IL	61701
Erma	Bean				1	2000 N. Linden C108	Normal	IL	61761
Marilyn	Burgos				6	814 W Grove St. #1	Bloomington	IL	61701

2009 990-EZ ATTACHMENT
PANTAGRAPH GOODFELLOW FUND
FEIN 37-6046627
FRUIT BASKET, HAM, $100 GIFT CARD, AND BLANKET RECIPIENTS

Recipient First	Recipient Last	and	Recipient #2 First	Recipient #2 Last	Number of family members	Address 1	City	State	Zip
Grace	Burkhart				1	202 S. Roosevelt #104	Bloomington	IL	61701
Dominique	Catledge				4	303 E. Oakland	Bloomington	IL	61701
Lauri	Chamberlain				3	808 W Jackson	Bloomington	IL	61701
Robert	Chapman	and	Maria	Chapman	6	5905 E. 1100 North Rd	Gridley	IL	61744
Jackie	Coles				4	417 Holton Dr.	Bloomington	IL	61701
Sarah	Denton				3	401 W. Mulberry Apt. 4	Bloomington	IL	61701
Scott	Erps	and	Emily	Erps	4	806 W. Jackson	Bloomington	IL	61701
Kristin	Fink				2	1700 N. School Apt. 105	Normal	IL	61761
Candice	Gailes				5	1328 N. Mason	Bloomington	IL	61701
April	Griffin				5	808 W. Market	Bloomington	IL	61701
Yolandra	Haro	and	Salvador	Haro	5	802 Arcadia Dr. Apt. B10	Bloomington	IL	61704
Latefah	Hill				5	1205 W. Elm Apt. 2	Bloomington	IL	61701
Yolanda	Magallanes				6	50 Louis Dr	Bloomington	IL	61701
Lorie	Martin				4	1206 N. Roosevelt Apt. #4	Bloomington	IL	61701
India	Mayes				2	901 1/2 W. Front	Bloomington	IL	61701
Martha	Miles	and	Bill	Miles	2	115 Daddono Cir.	Bloomington	IL	61701
Maria	Rebollo-Miranda				3	306 Mecherle Dr. Apt. 6	Bloomington	IL	61701
Lisa	Reese				2	1714 Springfield Rd. Apt. 3	Bloomington	IL	61701
Jaleesa	Robinson				2	410 N. Roosevelt	Bloomington	IL	61701
Brooke	Taylor	and	Brandon	Anderson	4	511 S. McClun B	Bloomington	IL	61701
Doni	Tomowski				4	606 1/2 W. Washington	Bloomington	IL	61701
Diana	Williams				3	1502 Dustin Dr. Apt. 4	Normal	IL	61761
Todd	Wilson	and	Sue	Wilson	4	1605 W. Washington	Bloomington	IL	61701
Hector	Aguilar	and	Liliana	Aguilar	4	39 Snapdragon Lane	Bloomington	IL	61701
Miguel	Betancourt	and	Merna	Betancourt	5	13456 Buck Rd.	Bloomington	IL	61704
Chris	Boettcher	and	Tara	Boettcher	3	405 W. Vernon Apt. #4	Normal	IL	61761
Rene	Contreras	and	Josefina	Contreras	7	907 W. Monroe	Bloomington	IL	61701
Rafael	Diaz	and	Noelia	Diaz	8	#3 Fuller Ct.	Bloomington	IL	61701
Julian	Lopez	and	Maria	Lopez	6	907 W Taylor St.	Bloomington	IL	61701
Cory	Nelson	and	Theresa	Nelson	7	1312 N. Hinshaw	Bloomington	IL	61701
Rita	Ortiz	and	Graciela	Ortiz	7	803 W Washington	Bloomington	IL	61701

2009 990-EZ ATTACHMENT
PANTAGRAPH GOODFELLOW FUND
FEIN 37-6046627
FRUIT BASKET, HAM, $100 GIFT CARD, AND BLANKET RECIPIENTS

Recipient First	Recipient Last	and	Recipient #2 First	Recipient #2 Last	Number of family members	Address 1	City	State	Zip
Rocio	Perez				3	714 Arcadia Apt. #4	Bloomington	IL	61704
Teresa	Perez				5	720 S. Evans	Bloomington	IL	61704
Ismael	Sanchez	and	Maria	Sanchez	6	853 1st Street Northmeadow Village	Normal	IL	61761
Oscar	Torres	and	Maricruz	Torres	5	2407 21st St. Hilltop	Bloomington	IL	61704
Carlicia	Bivins				3	208 Lindell #2	Normal	IL	61761
Wanda	Davis				3	208 Lindell Dr #1	Normal	IL	61761
Walter James	Day				1	816 W. Washington St. Apt. 6	Bloomington	IL	61701
Carolyn	Fannin				6	1705 S. Center	Bloomington	IL	61701
Rosemary	Mendenhall	and	Chris	Clem	2	803 1/2 E. Grove St. Apt. 2	Bloomington	IL	61701
Barbara	Williams				6	1712 W. Olive St.	Bloomington	IL	61701
Gary	Dupree				1	504 W Washington #106	Bloomington	IL	61701
Irma	Flores-Gutiereez				2	3409 Yucca	Bloomington	IL	61701
Renee	Foggey				2	814 E Market #3	Bloomington	IL	61701
Janae	Reed				4	605 N Mason #1	Bloomington	IL	61701
Shawn	Hill	and	Kim	Hill	4	2720 Rocksbury	Bloomington	IL	61704
Maritza	Montesdeoca	and	Steven	Cornejo	4	816 W. MacArthur	Bloomington	IL	61701
Felix	Villafan	and	Lucia	Villafan	5	1214 Zeta St.	Bloomington	IL	61701

2009 990-EZ ATTACHMENT
PANTAGRAPH GOODFELLOW FUND
FEIN 37-6046627
$100 GIFT CARD RECIPIENTS

Recipient First	Recipient Last	and	Recipient #2 First	Recipient #2 Last	Number of family members	Address 1	City	State	Zip
Maria	Aguires	and	Luis	Hernandez	3	903 W North St 10C	Pontiac	IL	61764
Charles	Barton				5	105 W Elm PO Box 7	Chatsworth	IL	60921
Amy	Bodnar				2	707 Illini Dr Apt A	Pontiac	IL	61764
Ami	Carter				4	810 N 7th Street	Petersburg	IL	62675
Jamie	Carter				4	601 W Water St	Pontiac	IL	61764
Heather	DeLong				3	208 N Wood St	Gibson City	IL	60936
Kim	Denk				3	903 W North St 7D	Pontiac	IL	61764
Tae	Gilbert				5	21199 County Rd 194	Havana	IL	62644
Michelle	Gooding				5	314 Willow St	Pekin	IL	61554
Letha	Gordon				2	1329 E 12th St	Streator	IL	61364
Gayle	Hansen				2	423 E 10th St	Gibson City	IL	60936
Ronda	Hartman				2	4 Myers Drive	Pontiac	IL	61764
Nicole	Isenhart				4	342 W Pine St	Paxton	IL	60957
Ann	Maske	and	Randy	Maske	6	701 Fischer Rd #476	Creve Coeur	IL	61610
Diana	Osborne				3	319 E John St	Forrest	IL	61741
Alicia	Painter	and	Bradley	Painter	4	105 Fayette St	Pekin	IL	61554
Kaylyn	Potter	and	Herbie	Matic	5	MVC Apt 11C 903 W	Pontiac	IL	61764
Donita	Price				2	109 W Elm	Chatsworth	IL	60921
Barbara	Rork				1	303 W Prairie	Pontiac	IL	61764
Kevin	Schale				1	112 John St A3	Dwight	IL	60420
Vernon	Snodgrass				3	1037 E Water St	Pontiac	IL	61764
Tony	Stropes	and	Diane	Stropes	6	121 E Main St	Havana	IL	62644
Caroline	Tolbert				2	7 Myers Drive	Pontiac	IL	61764
Tim	Turner	and	Evon	Moss	4	30 Redwood Manor	Pontiac	IL	61764
Dawn	Williams				6	25 Wood St PO Box 7	Chatsworth	IL	60921

2009 990-EZ ATTACHMENT
PANTAGRAPH GOODFELLOW FUND
FEIN 37-6046527
$100 VALUE FOOD TUB, $100 GIFT CARD, AND BLANKET RECIPIENTS

Recipient First	Recipient Last	and	Recipient #2 First	Recipient #2 Last	Address 1		City
Don	Byrd	and	Lucille	Byrd	2305 24th St	Southgate Estates	Bloomington
Edith	Conda				202 W Locust Apt 901	Phoenix Towers	Bloomington
Sylvia	Cooling				1213 12th St	Hilltop Trl Park	Bloomington
Albert	Crawford				816 W Jefferson #2		Bloomington
Ruth	Durham				710 W Orlando Apt 1D		Normal
Billy	Eckstein	and	Ruth	Eckstein	870 Ninth St	Northmeadow Village	Normal
Francis	Garrett				1315 W Monroe		Bloomington
Robert	Growcock				710 W Orlando Apt 1B		Normal
Betty	Hatfield				710 W Orlando Apt 1R		Normal
Clarence	Houck				815 W Jefferson		Bloomington
Leonard C	Johnson				2005 S Morris Ave		Bloomington
Jean Kay	Kendoll				1329 W Monroe		Bloomington
Ruth	Petersen				403 E Douglas		Bloomington
Jennifer	Phillips				1700 N School St #26		Normal
Harry	Silvey	and	Sharon	Silvey	51 Melissa Dr	Greenwood Mobile Ct	Bloomington
Bettie	Smith				45 Mellissa Dr	Greenwood Mobile Ct	Bloomington
Jane	Smith				#10 Canada Lane		Bloomington
Wiley	Spiecker				1212 N Oak		Bloomington
Melvin	Staley				1212 W Olive		Bloomington
Freda	Tolson				1402 East College Ave Apt 114E	Amanda Brooks Apt	Normal

2009 990-EZ ATTACHMENT
PANTAGRAPH GOODFELLOW FUND
FEIN 37-6046627
$100 GIFT CARD AND BLANKET RECIPIENTS

Recipient First	Recipient Last	and	Recipient #2 First	Recipient #2 Last	Number of family members	Address 1	City	State	Zip
Elaine	Kelly				1	809 W Monroe	Bloomington	IL	61701
Bud	Cramer	and	Jane	Cramer	7	205 North West	Hudson	IL	
Eric	Cramer				4	213B Eisenhower	Normal	IL	61761
Lyle	Richardson				1	404 W Mill	Bloomington	IL	61701
Mary	Walker					806 W Grove	Bloomington	IL	61701
Donna	Frank					466 Valley View Circle	Bloomington	IL	61701
LaVonne	Chase					3 Larry Ct Apt 6	Normal	IL	61761
Deborah	Mager					1203 Wall #3	Normal	IL	61761
Beverly	King				7	12 Hilltop Crt	Lexington	IL	61753-96
Mary	Stevenson					1921 Tracy Dr Apt 12	Bloomington	IL	61701
Kathy	Slade				7				
Christina	Lankin								
Brandy	Spray								
Mae	Grayson				5	330 East Wood St	Bloomington	IL	
Lee	Pegues								
Holly	Morris								
Melissa	Powell					#4 Violet Lane	Bloomington	IL	61701
Bonnie	Byers		c/o Richard Logsdon			#1 Willedrob Apt 3	Bloomington	IL	61701
Beverly	Keller					1606 Gamma	Bloomington	IL	61701