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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

Open to Public Inspection

OMB No 1545-1150

2009

Department of the Treasury Internal Revenue Service

For the 2009 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable Please use IRS ILLINOIS ENVIRONMENTAL COUNCIL Address change label or EDUCATION FUND 51-0211835 Name change print or Telephone number Initial return Number and street (or P O box, if mail is not delivered to street address) Room/suite type. See 230 BROADWAY 150 217-544-5954 Termination Specific City or town, state or country, and ZIP + 4 Group Exemption Amended return Instruc-SPRINGFIELD IL 62701 Number Application pending tions • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach Cash X Accrual G Accounting method a completed Schedule A (Form 990 or 990-EZ). Other (specify) Website: ▶ N/A Check > if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF) X 501(c) (3) **◄** (insert no) 4947(a)(1) or 527 Tax-exempt status (check only one) if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Check 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 215,431 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 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I) Part I 156,833 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 3 3 Membership dues and assessments 904 4 4 Investment income 5a Gross amount from sale of assets other than inventory 5a 5b b Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 50 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here 5,000 of contributions Gross revenue (not including \$ 57,017 reported on line 1) 6a 41.141 Less direct expenses other than fundraising expenses 6b Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 15,876 6¢ 7a Gross sales of inventory, less returns and allowances 7a 7b b Less cost of goods sold C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 677 8 Other revenue (describe See Statement 1 8 174,290 9 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 Stmt 2 12,000 10 10 Grants and similar amounts paid (attach schedule) Š 11 11 Benefits paid to or for members 햔 NOV 1 5 2010 150,577 12 12 Salanes, other compensation, and employee benefits 15,705 13 13 Professional fees and other payments to independent contractors 12,604 14 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 15 41,401 Other expenses (describe > See Statement 3 16 16 232,287 17 17 Total expenses. Add lines 10 through 16 -57,997 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 137,072 end-of-year figure reported on prior year's return) 19 20 20 Other changes in net assets or fund balances (attach explanation) 79,075 21 Net assets or fund balances at end of year. Combine lines 18 through 20 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ Part 🛚 🗟 (A) Beginning of year (B) End of year (See the instructions for Part II) 102,132 55,484 22 22 Cash, savings, and investments Land and buildings 23 51,730 48,336 See Statement 4 24 24 Other assets (describe 153,862 103,820 25 Total assets 25 16,790 24,745 See Statement 5 26 26 Total liabilities (describe 137,072 79.075 Net assets or fund balances (line 27 of column (B) must agree with line 21) Form 990-EZ (2009) For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-Ež (2009)	S ENVIRONMENTAL COUNC	CIL 51	L-0211835			Page 2
Pantill · Statement of Prog	ram Service Accomplishments	(See the instructi	ons for Part III.)	Ex	penses
What is the organization's primary exemp	it purpose?			- 1	(Required f	for section
TO EDUCATE THE PUBLIC ABOUT 1		<u></u>			501(c)(3) a	ınd 501(c)(4)
	out the organization's exempt purposes. In				-	ns and section
nanner, describe the services provided,	the number of persons benefited, or other	relevant information fo	r		4947(a)(1)	trusts, optional
each program title			 		for others)	<u> </u>
28 EDUCATING THE PUBLIC ABOUT	r environmental issues			l	}	
_				\		000 055
(Grants \$) If this amount includes foreign grants,	check here	▶	! 	28a	203,257
29						
				1		
(Grants \$). If this amount includes foreign grants	abook horo	_	rhl	29a	
(Grants 5) If this amount includes foreign grants,	Check here		╌┶┼╸	250	
,,,						
(Grants \$) If this amount includes foreign grants,	check here	•	一一	30a	
Other program services (attach sche			······································	·		·-
(Grants \$) If this amount includes foreign grants,	check here	•	ΠL	31a	
22 Total program service expenses (a				•	32	203,257
	ors, Trustees, and Key Employees. List	each one even if not co	mpensated (See t	he inst	ructions for P	
		(b) Title and average	(c) Compensation	(d) (Contributions to	(e) Expense
(a) Nar	me and address	hours per week devoted to position	(If not paid, enter -0-)		ee benefit plans & ed compensation	account and other allowances
ROB KELTER	SPRINGFIELD	PRESIDENT				-
230 Broadway Suite 150	IL 62701	2.00	0		0	0
ELIZABETH DIETEL	SPRINGFIELD	VICE-PRES.				
230 Broadway Suite 150	IL 62701	2.00	0	<u> </u>	0	0
ANTHONY STAR	SPRINGFIELD	TREASURER				
230 Broadway Suite 150	IL 62701	2.00	. 0	<u> </u>	0	0
BARRY MATCHETT	SPRINGFIELD	SECRETARY				
230 Broadway Suite 150	IL 62701	2.00				
CHARLES JACKSON	SPRINGFIELD	EXEC DIR				_
230 Broadway Suite 150	IL 62701	40.00	55,250		2,763	
				 		
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	The state of the s			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			103	110
•	description of each activity		33		Х
34	Were any changes made to the organizing or governing documents? If "Yes," attached 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				
а	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		<u> </u>
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 instr				
b	Did the organization file Form 1120-POL for this year?		37b		<u> </u>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or wer	е]
	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				
39	Section 501(c)(7) organizations Enter				
а	Initiation fees and capital contributions included on line 9	<u> </u>	_		
b	Gross receipts, included on line 9, for public use of club facilities	o [╛		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under				
	section 4911 ▶				
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess bene	fit			<u> </u>
	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
С	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				.
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c]
	reimbursed by the organization		1		} }
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		<u> </u>		<u>'</u>
	transaction? If "Yes," complete Form 8886-T		40⊕	<u> </u>	X
41	List the states with which a copy of this return is filed IL				
42a		Telephone no > 21	7-54	4-5	954
	230 BROADWAY	7/0 . 4 . 62	701		
	Located at > SPRINGFIELD, IL	ZIP + 4 ▶ 62	701		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority				N-
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		425	Yes	No X
	account)?		42b		<u> </u>
	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		.	<u> </u>	[
	and Financial Accounts.		`	`	
_			42c		X
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		720	L	
43	If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here				▶□
43	and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 43			
	and enter the amount of tax-exempt interest received of accorded dufing the tax year	F 43			
				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	L	X
			Form 99	0-EZ	(2009)

- or	1990-EŽ (2009) ILLINOIS ENVIRONMENTAL COUNC	TT. 51	L-0211835			De-c 4
	 Section 501(c)(3) organizations and section 4947(a 501(c)(3) organizations and section 4947(a)(1) none)(1) nonexempt	charitable trus			<u>Page 4</u> 9b
_	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 oppos	ition to		$\overline{}$	res No
47	candidates for public office? If "Yes," complete Schedule C, Part I	C Port II			46	$\frac{\mathbf{x}}{\mathbf{x}}$
48	Did the organization engage in lobbying activities? If "Yes," complete Schedule is the organization operating a school as described in section 170(b)(1)(A)(ii)?		shedule E		48	X
49a	Did the organization make any transfers to an exempt non-chantable related or		Medule E		49a	X
b	If "Yes," was the related organization a section 527 organization?	rgariizaliori '			49b	
50	Complete this table for the organization's five highest compensated employees	(other than officers	directors trustees	and key	400	
•	employees) who each received more than \$100,000 of compensation from the	· ·		•		
	(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	accou	xpense ant and llowances
None	8					
	Total number of other employees paid over \$100,000					
51	Complete this table for the organization's five highest compensated independent \$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	n	ach received more		ompensat	lon
No	ta) Name and addless of each independent contractor paid more than \$100,000	(6)	Type of service	(6)	Ompensar	
						
						
						
d	Total number of other independent contractors each receiving over \$100,000					
			*			
Sigi	Under penalties of penjury, I declare that I have examined this return, including and belief, it is true, correct, and complete Declaration of preparer (other than		formation of which pro			
Her	Signature of officer LELTEN BUARD	PRESIDENT	Date Date			
	Type or print name and title					

10/16/10

employed >

EIN

Phone

Valerie R. Ausmus, CPD

Springfield, IL

Estes, Bridgewater & Ogden 901 S. Second St

62704

► X Yes No Form 990-EZ (2009)

▶ 37-0265152

217-528-8473

P00616513

Paid

Preparer's

Use Only

signature

Firm's name (or yours

address, and ZIP + 4

May the IRS discuss this return with the preparer shown above? See instructions

ıf self-employed),

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public

ILLINOIS ENVIRONMENTAL COUNCIL EDUCATION FUND

Employer identification number 51-0211835

													_
Pi	art I	Reaso	on for Public Charity	Status (All organizations	must co	mplete	this pa	art)S	ee ins	tructio	ns.		
The	orgai	nization is not a	private foundation because	it is (For lines 1 through 11, che	ck only or	ne box)	-						
1		A church, con	vention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(<i>i</i>	A)(i).						
2	П	A school desc	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3		A hospital or a	a cooperative hospital service	e organization described in secti	on 170(b)	(1)(A)(iii)							
4	П	•	,	in conjunction with a hospital de				(A)(iii).	Enter th	ne hospit	tal's name.		
Ī	لسا	city, and state	•				(,(,						
5		•		a college or university owned or	operated	by a gove	rnmenta	al unit de	scribed	in			
•	لــا	•	b)(1)(A)(iv). (Complete Part I	•	оролисси	b, a gove		., G GC	000,,000	•			
^	\Box	-	** ** ** * * * *		Non 470/	-\/4\/ A\/							
6	\vdash	•	•	vernmental unit described in sec			-			.L.I			
7		•	•	ubstantial part of its support from	i a govern	mentai un	it or tron	n the ge	nerai pu	IDIIC			
			section 170(b)(1)(A)(vi). (Co	· ·									
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)											
9	X	An organization	on that normally receives (1)	more than 33 1/3 % of its support	ort from co	ntribution	s, memb	ership fo	es, and	d gross			
		receipts from	activities related to its exemp	ot functions—subject to certain e	xceptions,	and (2) n	o more t	han 33	1/3 % of	fits			
		support from	gross investment income and	l unrelated business taxable inco	me (less :	section 51	1 tax) fr	om busi	nesses				
		acquired by the	ne organization after June 30	, 1975 See section 509(a)(2). (Complete	Part III)							
10		An organization	on organized and operated e	xclusively to test for public safety	/ See sec	tion 509(a)(4).						
11		An organization	on organized and operated e	xclusively for the benefit of, to pe	rform the	functions	of, or to	carry or	it the				
		purposes of o	ne or more publicly supporte	d organizations described in sec	tion 509(a)(1) or se	ction 509	9(a)(2) \$	See sec	tion			
		509(a)(3). Ch	eck the box that describes th	e type of supporting organization	and com	plete lines	11e thr	ough 11	h				
		a Type	I b Type II	c Type III–Functions	ally integra	ted	d	Тур	e III–Oti	her			
8				nization is not controlled directly	or indirect	lly by one	or more	disqual	ıfied				
		-		ind other than one or more public						ction			
		•	ection 509(a)(2)	·	•	_							
f				mination from the IRS that it is a	Type I, Ty	pe II. or T	vpe III s	upportin	ıq				
•			check this box		,,,,		<i>,</i> ,	• •	•				
_		-		on accepted any gift or contributi	on from a	ny of the							س
9		. •	· _ ·	on accepted any girt of commean		.,							
		following per:		ntrols, either alone or together wi	th nercons	decabe	id in (ii)					Yes	No
					iii personi	describe	.u ()				110(1)	1.00	
		, ,	below, the governing body of	· · · =							11g(i)	├	
		• •	member of a person describe								11g(ii)	 	
		• •	ontrolled entity of a person de	** **							(11g(iii)	Щ	<u> </u>
h			ollowing information about the		T2					1	4 *** 4		
(i)		e of supported	(iı) EIN	(iii) Type of organization (described on lines 1–9	1	organization sted in your		rou notify nization in	(VI) organizat	is the	(vii) Am supp		
	Uig	janization		above or IRC section	1 ''	document?		of your	(i) organi	zed in the	344		
				(see instructions))	<u> </u>			port ^o	 	S?			
					Yes	No	Yes	No	Yes	No			
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

			/IRONMENTA			-0211835	Page 2
Pa	artill - Support Schedule for Or				(A)(iv) and 1	70(b)(1)(A)(vi)	
	(Complete only if you che	ecked the box	on line 5, 7, or	8 of Part I.)			
	tion A. Public Support	· · · · · · · · · · · · · · · · · · ·					
Ca	lendar 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 any "unusual grants")						·
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						<u></u>
3	The value of services or facilities furnished by a governmental unit to the organization 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	<u>L</u>					
	tion B. Total Support	·	, 			· · · · · · · · · · · · · · · · · · ·	
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4		<u></u>				
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 o	organization's first,	second, third, fourth	, or fifth tax year as	a section 501(c)	(3)	
	organization, check this box and stop here						
Sec	tion C. Computation of Public Su	pport Percenta	ige				
14	Public support percentage for 2009 (line 6,	column (f) divided	by line 11, column (())		14	%_
15	Public support percentage from 2008 Sche	dule A, Part II, line	14			15	%_
16a	33 1/3 % support test—2009. If the organi	zation did not chec	k the box on line 13	, and line 14 is 33 1	/3 % or more, che	ck this box	
	and stop here. The organization qualifies a	is a publicly suppor	ted organization				▶ [_]
b	33 1/3 % support test—2008. If the organi	zation did not chec	k a box on line 13 o	r 16a, and line 15 is	33 1/3 % or more	e, check this	
	box and stop here. The organization qualif	ies as a publicly su	pported organization	า			▶ 📗
17a	10%-facts-and-circumstances test—2009	9. If the organizatio	n did not check a bo	x on line 13, 16a, o	r 16b, and line 14	ıs 10% or	
	more, and if the organization meets the "fac	ts-and-circumstan	ces" test, check this	box and stop here	. Explain in Part l'	V how the	_
	organization meets the "facts-and-circumsta	ances" test. The or	ganization qualifies	as a publicly suppoi	ted organization		▶ 🗌
b	10%-facts-and-circumstances test—2008	B. If the organizatio	n did not check a bo	ox on line 13, 16a, 1	6b, or 17a, and lii	ne 15 is 10% or	
	more, and if the organization meets the "fac	ts-and-circumstan	ces" test, check this	box and stop here	. Explain in Part l'	/ how the	
	organization meets the "facts-and-circumsta	ances" test. The or	ganization qualifies	as a publicly suppoi	ted organization		▶∐
18	Private foundation. If the organization did	not check a box or	line 13, 16a, 16b, 1	7a, or 17b, check ti	his box and see in	structions	▶ [_]

Schedule A (Form 990 or 990-EZ) 2009

Section A. Public Support

Page 3

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.)

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 lines 9, 10c, 11, and 12) 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)) 16 Public support percentage from 2008 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2008 Schedule A, Part III, line 17 19 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	Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
sold or services performed, of facilities shrumshed may applying this related to the opportunity of the services of facilities during the services of facilities of the services of facilities during the services of facilities of facilities during the services of facilities during the services of facilities of facilities of facilities during the services of facilities	1	membership fees received (Do not include	140,842	224,418	455,366	239,862	151,833	1,212,321
### Trans reviews leader of the opparation of the behalf with the properties leader of the opparation is behalf or expended on its behalf of the opparation without charge or an expended on the behalf of the properties of the pr	2	sold or services performed, or facilities furnished in any activity that is related to the	32,545	30,728	46,388	29,725	57,017	196,403
the medit 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 change of particular to interest the property of the paid of the property of the property of the paid of the property of the paid of the property	3							
turnshed by a governmental unit to the organization without change 6 6 Total. Add lines 1 through 5 7 Total. Add lines 1 through 5 7 Total. Add lines 1 through 5 8 Amounts included on lines 2, 2, and 3 received from disqualified persons at exceed the greater of \$5,000 or 1% of the amount on line 13 for the year ceeded the greater of \$5,000 or 1% of the amount on line 13 for the year ceeded the greater of \$5,000 or 1% of the amount on line 13 for the year ceeded the greater of \$5,000 or 1% of the amount on line 13 for the year ceeded the greater of \$5,000 or 1% of the amount on line 13 for the year ceeded the greater of \$5,000 or 1% of the amount on line 13 for the year ceeded the greater of \$5,000 or 1% of the amount on line 13 for the year ceeded the greater of \$5,000 or 1% of the amount on line 13 for the year ceeded and the 7 to 10	4	benefit and either paid to or expended on						
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	U							▶ [
	20							▶ [

Page 4

Schedule A (Form 990 or 990-EZ) 2009 ILLINOIS ENVIRONMENTAL COUNCIL 51-0211835

Rartily - 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. SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

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

2009

Employer identification number

51-0211835

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of organization

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

ILLINOIS ENVIRONMENTAL COUNCIL

Section 501(c)(4), (5), or (6) organizations Complete Part III

EDUCATION FUND

Pa	All.	Complete if the organization is	exempt under section 501(c) or is a section	n 527 organization.	
1	Provide a	description of the organization's direct and	indirect political campaign activities	n Part IV		
2	Political ex	penditures			▶ \$ _	<u> </u>
3	Volunteer	hours			_	
Pa	3 13	Complete if the organization is	exempt under section 501(c	:)(3).		
1	Enter the a	amount of any excise tax incurred by the oi	ganization under section 4955		▶ \$	
2	Enter the a	amount of any excise tax incurred by organ	ization managers under section 495	5	▶ \$ _	
3	If the orga	nization incurred a section 4955 tax, did it t	ile Form 4720 for this year?			Yes X No
4a		rection made?				Yes X No
		escribe in Part IV	504/-	\	F04/-\/0\	
<u>Ra</u>		Complete if the organization is			on 501(c)(3).	
1		amount directly expended by the filing orga	nization for section 527 exempt fund	tion	. .	
_	activities				▶ \$ _	
2		amount of the filing organization's funds co ot function activities	ntributed to other organizations for si	ection	▶ ¢	
3		npt function expenditures Add lines 1 and	2 Enter here and an Form 1120-PO	Ì		
•	line 17b	infit function expenditures. And lines I and	E Line here and our our 1120 i o	- ,	▶ \$	
4		ng organization file Form 1120-POL for the	s vear?			Yes No
5		names, addresses and employer identificat	•	olitical organizations	s to which payments	
		e For each organization listed, enter the ai	• •	<u>-</u>	• •	
		ins received that were promptly and directly	•		·	
	fund or a p	political action committee (PAC) If addition	al space is needed, provide informat	ion in Part IV		
!		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-
	, , ,					
						, <u>, , , , , , , , , , , , , , , , , , </u>
						:
						
For	Privacy Act	and Paperwork Reduction Act Notice,	see the Instructions for Form 990 (or 990-EZ.	Schedule C (Form	n 990 or 990-EZ) 2009

Sched	dule C (Form 990 or 990-EZ) 2009	LINOIS ENVI	RONMENTAL C	OUNCIL	51-021183	Page 2
Раг	t II-A Complete if the organ	zation is exempt	under section 50	1(c)(3) and filed F	orm 5768 (election	on
	under section 501(h)).					
A C	theck 🕨 🗌 if the filing organization	tion belongs to ar	affiliated group.			
3 C	heck 🕨 🦳 if the filing organiza	ition checked box	A and "limited co	ntrol" provisions a	ipply.	
	Limits on Lo	bbying Expendite	ures		(a) Filing	(b) Affiliated
	(The term "expenditures	" means amounts	paid or incurred.)	orga	anization's totals	group totals
1a	Total lobbying expenditures to influence p	ublic opinion (grass roo	ts lobbying)			
b	Total lobbying expenditures to influence a	legislative body (direct	lobbying)		12,000	
C	Total lobbying expenditures (add lines 1a	and 1b)			12,000	
d	Other exempt purpose expenditures				220,287	
е	Total exempt purpose expenditures (add !	ines 1c and 1d)			232,287	
f	Lobbying nontaxable amount. Enter the ar	mount from the followin	g table in both			
_	columns		<u> </u>		46,457	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontage	kable amount is:			
L	Not over \$500,000	20% of the amount or	line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of	the excess over \$500,000			
L	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of	the excess over \$1,000,00	00		
L	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of t	he excess over \$1,500,000	<u> </u>		
	Over \$17,000,000	\$1,000,000				
9	Grassroots nontaxable amount (enter 25%	6 of line 1f)			11,614	
h	Subtract line 1g from line 1a If zero or les	s, enter -0-			0	
í	Subtract line 1f from line 1c If zero or less	, enter -0-			0	
j	If there is an amount other than zero on ei	ther line 1h or line 1i, d	id the organization file I	Form 4720 reporting		
	section 4911 tax for this year?					Yes No
		4-Year Averagin	ng Period Under S	Section 501(h)		
	(Some organizations th				mplete all of the	five
		elow. See the inst				
	Lot	bying Expenditu	res During 4-Year	Averaging Perio	d	
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total

	Lo	obbying Expenditur	es During 4-Year	Averaging Period	<u> </u>	
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount	52,761	57,116	78,644	46,457	234,978
b	Lobbying ceiling amount (150% of line 2a, column(e))					352,467
С	Total lobbying expenditures	50,000	35,000	50,000	12,000	147,000
d	Grassroots nontaxable amount	13,190	14,279	19,661	11,614	58,744
0	Grassroots ceiling amount (150% of line 2d, column (e))	,				88,116
f	Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

51-0211835

Schi	dule C (Form 990 or 990-EZ) 2009 ILLINOIS ENVIRONMENTAL COUNCIL	51-0	21183	35	<u>F</u>	age :
Pa	rt II-B 🖟 Complete if the organization is exempt under section 501(c)(3) and has NOT	filed F	orm 576	8		
	(election under section 501(h)).			(h		
	·	<u> </u>	a)	(b	<u> </u>	
		Yes	No	Amo	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state or local			•		
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	<u> </u>	<u> </u>			•
C	Media advertisements?					
d	Mailings to members, legislators, or the public?	<u> </u>				
0	Publications, or published or broadcast statements?		 			
1	Grants to other organizations for lobbying purposes?		 			
9	Direct contact with legislators, their staffs, government officials, or a legislative body?		 			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?					
į	Other activities? If "Yes," describe in Part IV	<u> </u>				
j	Total Add lines 1c through 1i		l			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	<u> </u>				
b	If "Yes," enter the amount of any tax incurred under section 4912		l			
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			•		
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	Ш				
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c	:)(5), o	r sectio	n		
	501(c)(6).					
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		ļ
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	<u> </u>	ļ
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	L	<u> </u>
Pa	complete if the organization is exempt under section 501(c)(4), section 501(c)					
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A,	ine 3 i	s answe	rea		
_	"Yes." Dues, assessments and similar amounts from members		1	_		
1				<u> </u>		
۷.	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political		.			
•	expenses for which the section 527(f) tax was paid). Current year		2a			
a h	Carryover from last year		2b			
	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4			 			~
•	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying					
	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
	rt IV Supplemental Information					
	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, and Part II-B, line	ne 1ı				
	complete this part for any additional information					

Schedule C, Part IV, Additional Information

H election expenditure

4562

Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

► See separate instructions.

► Attach to your tax return.

OMB No 1545-0172

ILLINOIS ENVIRONMENTAL COUNCIL Name(s) shown on return Identifying number 51-0211835 **EDUCATION FUND** Business or activity to which this form relates Indirect Depreciation Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 250,000 1 Maximum amount. See the instructions for a higher limit for certain businesses. 2 Total cost of section 179 property placed in service (see instructions) 2 800,000 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions 5 (b) Cost (business use only) (a) Description of property (c) Elected cost 6 7 Listed property Enter the amount from line 29 8 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 15 Property subject to section 168(f)(1) election 15 212 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions) Section A 0 17 MACRS deductions for assets placed in service in tax years beginning before 2009 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction period service only-see instructions) 19a 3-year property b 5-year property 7-year property d 10-year property 14... 15-year property f 20-year property S/L 25-year property 25 yrs S/L h Residential rental 27 5 yrs мм property ММ S/L 27 5 yrs мм Nonresidential real S/L 39 yrs property MM S/L Section C-Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs S/I b 12-year ММ S/L 40-year 40 yrs Summary (See instructions.) Part IV 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions For assets shown above and placed in service during the current year, enter the

Form 990	· ·		Special Even	ts Schedule		2009
Form 300		For calendar year 2009, or t	ay year heginning	and o	ending	2009
ame ILLINOIS EDUCATIO	ENVI	RONMENTAL COU		, and	Emp	oloyer Identification Number
Gross receipts Less contribute Gross revenue Less direct exp Net income (loss	penses _	(A) 62,017 5,000 57,017 41,141 15,876	(B) 0 0 0 0 0	(C) 0 0 0 0		Total 0 62,017 0 5,000 0 57,017 0 41,141 0 15,876
	(A) (B) (C) Others	ANNUAL DINNE	R			

IECEF ILLINOIS ENVIRONMENTAL COUNCIL 51-0211835 Federal Statements

51-0211835

FYE: 12/31/2009

10/16/2010 2:15 PM

Statement 1 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	An	nount
MISCELLANEOUS INCOME	\$	677
Total	\$	677

IECEF ILLINOIS ENVIRONMENTAL COUNCIL 51-0211835 FYE: 12/31/2009

Federal Statements

10/16/2010 2:15 PM

Statement 2 - Form 990-EZ, Part I, Line 10 - Payments to Affiliates

Amount of Payment	12,000	12,000
Purpose	OPERATIONS	
Name and Address	ILLINOIS ENVIRONMENTAL COUNCIL 230 BROADWAY SUITE 150 SPRINGFIELD, IL 62701	Total

IECEF ILLINOIS ENVIRONMENTAL COUNCIL 51-0211835 Federal Statements

FYE: 12/31/2009

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	\$
OFFICE EXPENSE	1,852
PRINTING	5,334
POSTAGE	3,138
EQUIPMENT RENTAL	287
PROGRAM COST	255
EQUIPMENT PURCHASES	108
SOFTWARE COST	72
	9,700
MEALS AND ENTERTAINMENT	619
SEMINARS	4,832
	3,573
PUBLIC RELATIONS	4,250
DUES & FEES	255
TELECOMMUNICATIONS	5,841
MISCELLANEOUS	50
LICENSES AND FEES	210
CREDIT CARD FEES	1,025
Total	\$41,401

Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	 Beginning of Year		End of Year
Grants Receivable Accounts Receivable	\$ 50,000	\$	45,000 2,500
Prepaid Expenses and Deferred Charges	1,253 16,164		571 16,164
Less Accumulated Depreciation	 15,687		15,899
	 51,730	_	48,336

Statement 5 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description		Beginning of Year		End of Year	
Accounts Payable and Accrued Expenses OTHER LOAN PAYABLES	\$	4,990 11,800	\$	3,380 21,365	
	=-	16,790	_	24,745	

(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Internal Revenue			File a separate application for each return.			
		tomatic 3-Month Extension	, complete only Part I and check this box			▶ X
	_		Month Extension, complete only Part II (on page	2 of this form)		, ==
-	J	•	ranted an automatic 3-month extension on a previou	•	8	
Partile:			of Time. Only submit original (no copies			
A corporation i	required to file	Form 990-T and requesting a	an automatic 6-month extension—check this box and	d complete		
Part I only	•					▶ 🗌
All other corpo time to file inco	,	· · · · ·	os, REMICs, and trusts must use Form 7004 to requ	iest an extension of	f	
Electronic Fili	ing (e-file). Ge	enerally, you can electronical	y file Form 8868 if you want a 3-month automatic ex	dension of time to f	ile	
one of the retu	rns noted belo	w (6 months for a corporation	n required to file Form 990-T) However, you cannot	file Form 8868		
electronically if	(1) you want t	he additional (not automatic)	3-month extension or (2) you file Forms 990-BL, 60	69, or 8870, group)	
returns, or a co	omposite or co	nsolidated Form 990-T Inste	ad, you must submit the fully completed and signed	page 2 (Part II) of	Form	
8868 For more	e details on the	electronic filing of this form,	visit www irs.gov/efile and click on e-file for Charitie	s & Nonprofits		
Type or	Name of Exe	empt Organization		Emp	loye	r identification number
print	ILLINC	IS ENVIRONMEN'	TAL COUNCIL			
File by the	EDUCAT	ION FUND		51-	<u>-02</u>	11835
due date for filing your		eet, and room or suite no. If a	•			
return See		ROADWAY	150			
instructions	SPRING	•	ode For a foreign address, see instructions IL 62701			
		filed (file a separate applicat				
Form 99		med (me a separate applicat				Form 4720
Form 99			Form 990-T (corporation) Form 990-T (sec 401(a) or 408(a) trust)			Form 5227
X Form 99			Form 990-T (trust other than above)			Form 6069
Form 99			Form 1041-A			Form 8870
, 	U-P P		F0//// 1041-A			
Telephone If the organ If this is for for the whole galist with the r	nization does r r a Group Retu roup, check th names and EtN	.7-544-5954 not have an office or place of um, enter the organization's finis box ▶ ☐ If it is sof all members the extension	FAX No business in the United States, check this box our digit Group Exemption Number (GEN)	. If this and attach	ıs	▶ [
until 0	8/15/10	, to file the exempt organiz	ation return for the organization named above. The	extension is		
_	rganization's r					
	calendar year					
▶ [_]	tax year begin	ning , and	l ending			
2 If this ta	x year is for le	ss than 12 months, check rea	ason: Initial return Final return [Change in acco	ountir	ng penod
3a If this ap	phcation is for	Form 990-BL, 990-PF, 990-	T, 4720, or 6069, enter the tentative tax,			<u> </u>
less any	nonrefundabl	e credits See instructions		:	3a	\$
b If this ap	plication is for	Form 990-PF or 990-T, enter	r any refundable credits and estimated tax			
		de any pnor year overpayme		;	3b	\$
			e your payment with this form, or, if required,	1;	,]	
•			FTPS (Electronic Federal Tax Payment	~	- {	
	See instructi				3c	\$
r payment in	• •	make an electronic fund with	drawal with this Form 8868, see Form 8453-EO and	I Form 8879-EO		
		work Reduction Act Notice	, see Instructions.			Form 8868 (Rev 4-2009

' '					
Form 8868 (Re	v 4-2009)		Page 2		
If you are	illing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box		► X		
Note. Only co	nplete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 886	88			
If you are	iling for an Automatic 3-Month Extension, complete only Part I (on page 1)				
Pářtili 🥳	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no	copies	needed).		
e or	Name of Exempt Organization	Employe	r identification number		
print ILLINOIS ENVIRONMENTAL COUNCIL					
File by the	EDUCATION FUND	<u>51-02</u>	51-0211835		
extended	Training and the contract of t	For IRS u	For IRS use only		
due date for filing the	230 BROADWAY 150				
return See	City, town or post office, state, and ZIP code. For a foreign address, see instructions				
instructions	SPRINGFIELD IL 62701				
Check type o	return to be filed (File a separate application for each return)				
Form 99	0 Form 990-PF Form 1041-A		Form 6069		
Form 99	0-BL Form 990-T (sec 401(a) or 408(a) trust) Form 4720		Form 8870		
X Form 99	0-EZ Form 990-T (trust other than above) Form 5227				
	complete Part II if you were not already granted an automatic 3-month extension on a previously filed	Form 8	868.		
The books	are in the care of ANTHONY STAR				
Telephone					
	nization does not have an office or place of business in the United States, check this box		▶ □		
•	r a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this	IS			
		d attach	а		
•	mes and EINs of all members the extension is for	io attoon	•		
	t an additional 3-month extension of time until 11/15/10	-			
	ndar year 2009 , or other tax year beginning , and ending				
	k year is for less than 12 months, check reason I Initial return Final return Change in	account	na nariod		
		accounti	ig period		
	detail why you need the extension .tional time is requested to gather information to pr	enar	a a complete		
	accurate return.	ebar.	e a combiece		
and	accurate return.				
If this or	plication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,	<u> </u>	· 		
-		8a	\$		
	nonrefundable credits. See instructions	- Ga	Ψ		
-	plication is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and				
	ed tax payments made Include any prior year overpayment allowed as a credit and any	-	•		
	paid previously with Form 8868	8b	\$		
	Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit		•		
with FT	O coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$		
	Signature and Verification				
Under penalties	of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my I and complete, and that I am authorized to prepare this form	knowledge	and belief,		
	Valancia) V Valancia		5. 508/04/10		

Date > 08/04/10
Form 8868 (Rev 4-2009)

