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# Return of Organization Exempt From Income Tax

**2009**

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>TRI-COUNTY ECONOMIC DEVELOPMENT ALLIANCE, INC.</b> Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite <b>793 US RTE 20 WEST, PO BOX 390</b> City or town, state or country, and ZIP + 4 <b>ELIZABETH, IL 61028-0390</b>	<b>D</b> Employer identification number <b>61-1575200</b>
		<b>E</b> Telephone number <b>815-273-1153</b>
		<b>G</b> Gross receipts \$ <b>103,836</b>
		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>N/A</b>
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) (6) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>J</b> Website ▶ <b>www.tcedaonline.com</b>	
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation <b>2008</b>	<b>M</b> State of legal domicile <b>IL</b>

**Part I Summary**

<b>2010 Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities <u>TCEDA's mission is to significantly enhance economic development progress in Northwest Illinois and beyond, as measured ultimately by job creation.</u>			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	47	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	47	
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	4	
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	0	
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0	
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0	
	<b>Expenses</b>		<b>Prior Year</b>	<b>Current Year</b>
		<b>8</b> Contributions and grants (Part VIII, line 1h)		103,789
<b>9</b> Program service revenue (Part VIII, line 2g)			0	
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)			19	
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			28	
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0	103,836	
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0	
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)			0	
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			70,386	
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11a) <b>b</b> Total fundraising expenses, Part IX, column (D), line 15			0	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		44,236		
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	0	114,622		
<b>19</b> Revenue less expenses Subtract line 18 from line 12	0	-10,786		
<b>Net Assets or Fund Balances</b>		<b>Beginning of Year</b>	<b>End of Year</b>	
	<b>20</b> Total assets (Part X, line 16)	0	43,132	
	<b>21</b> Total liabilities (Part X, line 26)	0	53,918	
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	0	-10,786		

**Part II Signature Block**

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

**Sign Here** ▶ Michael W Hastings Signature of officer Date **8-8-10**  
 ▶ **MICHAEL W HASTINGS, CHAIRPERSON**  
 Type or print name and title

**Paid Preparer's Use Only**  
 Preparer's signature ▶ [Signature] Date **8-7-10** Check if self-employed   
 Preparer's identifying number (see instructions)  
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ **O'CONNOR, BROOKS & CO., P.C.** EIN ▶ **36-3608908**  
 ▶ **P.O. BOX 294, GALENA, IL 61036-0294** Phone no ▶ **815-777-1880**

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

10 GIB

**Part III Statement of Program Service Accomplishments**

**1** Briefly describe the organization's mission  
TCEDA's mission is to significantly enhance economic development progress in Northwest Illinois and beyond, as measured ultimately by job creation.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
TCEDA INTERACTED WITH 23 MUNICIPALITY LEADERS AND TWO KEY BUSINESSES TO FORM THE INITIAL FIVE YEAR PLAN.

**4b** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4c** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4d** Other program services (Describe in Schedule O)  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4e** Total program service expenses ▶

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .		X
3	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 . . . . .		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .	N	A
5	<b>Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III . . . . .		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable . . . . .	X	
	<ul style="list-style-type: none"> <li>• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI</li> <li>• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII</li> <li>• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII</li> <li>• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX</li> <li>• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X</li> <li>• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X</li> </ul>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .	X	
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional . . . . .	Yes	No
			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I . . . . .		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II . . . . .		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III . . . . .		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I . . . . .		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .		X

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .		X
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> . . . . .		X
<b>24 a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25.</i> . . . . .		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		X
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		X
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		X
<b>25 a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .	N	A
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .	N	A
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i> . . . . .		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> . . . . .		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> . . . . .		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i> . . . . .		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .	N	A
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i> . . . . .		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	X	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No		
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of US Information Returns. Enter -0- if not applicable. . . . .	1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . .	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	N	/	A
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. . . . .	2a	4		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) . . . . .	2b	X		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. . . . .	3b	N	/	A
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	4a			X
b	If "Yes," enter the name of the foreign country ▶ N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts . . . . .				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	5b			X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .	5c	N	/	A
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6b	N	/	A
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	7b	N	/	A
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	7d	N/A		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	7f			X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	7g	N	/	A
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .	7h	N	/	A
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	8	N	/	A
9	<b>Sponsoring organizations maintaining donor advised funds.</b>				
a	Did the organization make any taxable distributions under section 4966? . . . . .	9a			X
b	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	9b			X
10	<b>Section 501(c)(7) organizations.</b> Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a	N/A		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	10b	N/A		
11	<b>Section 501(c)(12) organizations.</b> Enter				
a	Gross income from members or shareholders . . . . .	11a	N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	11b	N/A		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	12a	N		A
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	12b	N/A		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

**Section A. Governing Body and Management**

		Yes	No
a	Enter the number of voting members of the governing body . . . . .	1a	47
b	Enter the number of voting members that are independent . . . . .	1b	47
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	4	X
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	5	X
6	Does the organization have members or stockholders? . . . . .	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body? . . . . .	8a	X
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9a	X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates? . . . . .	10a	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	10b	N/A
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	11	X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	X
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	12c	X
13	Does the organization have a written whistleblower policy? . . . . .	13	X
14	Does the organization have a written document retention and destruction policy? . . . . .	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official . . . . .	15a	X
b	Other officers or key employees of the organization . . . . .	15b	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b	N/A

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  
 Own website     Another's website     Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **RANDY PRASSE 9317 IL RTE 84 SUITE B SAVANNA IL 61074 815-273-1153**

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL HASTINGS CHAIRPERSON	1	X		X			0	0	0	
DREW TOWNSEND VICE-CHAIRPERSON	1	X		X			0	0	0	
ROD FRITZ TREASURER	1	X		X			0	0	0	
MARVIN SCHULTZ SECRETARY	1	X		X			0	0	0	
CARL BATES DIRECTOR	0.2	X					0	0	0	
BONNIE FOUST DIRECTOR	0.2	X					0	0	0	
DUKE HEBELER DIRECTOR	0.2	X					0	0	0	
DIANE KOMISKEY DIRECTOR	0.2	X					0	0	0	
ZELMA MCNEAL DIRECTOR	0.2	X					0	0	0	
LARRY STEBBINS DIRECTOR	0.2	X					0	0	0	
ED STERN DIRECTOR	0.2	X					0	0	0	
WAYNE UGOREK DIRECTOR	0.2	X					0	0	0	
GALEN WIRTH DIRECTOR	0.2	X					0	0	0	
GEOFF BARKLOW DIRECTOR	0.2	X					0	0	0	
RODNEY BRANDT DIRECTOR	0.2	X					0	0	0	
JIM DAVIS DIRECTOR	0.2	X					0	0	0	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL DITTMAR DIRECTOR	0.2	X					0	0	0	
PAULA LANGE DIRECTOR	0.2	X					0	0	0	
JOE MATTINGLEY DIRECTOR	0.2	X					0	0	0	
MARK MULLEN DIRECTOR	0.2	X					0	0	0	
TIM RAISBECK DIRECTOR	0.2	X					0	0	0	
WAYNE RAISBECK DIRECTOR	0.2	X					0	0	0	
TERRY RENNER DIRECTOR	0.2	X					0	0	0	
DON SCHAIBLE DIRECTOR	0.2	X					0	0	0	
CLIFF SPLINTER DIRECTOR	0.2	X					0	0	0	
BOB BITLER DIRECTOR	0.2	X					0	0	0	
LARRY RUSSELL DIRECTOR	0.2	X					0	0	0	
MARCIA SMITH DIRECTOR	0.2	X					0	0	0	
IKHLAS AHMED DIRECTOR	0.2	X					0	0	0	
<b>1b Total</b>							0	0	0	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► NONE

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► NONE

**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	1a Federated campaigns . . . . .	1a				
	b Membership dues . . . . .	1b	89,446			
	c Fundraising events . . . . .	1c				
	d Related organizations . . . . .	1d				
	e Government grants (contributions) . . . . .	1e				
	f All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	14,343			
	g Noncash contributions included in lines 1a-1f \$ . . . . .		4,250			
	<b>h Total. Add lines 1a-1f . . . . .</b>		<b>103,789</b>			
<b>Program Service Revenue</b>	<b>Business Code</b>					
	2a _____		0			
	b _____		0			
	c _____		0			
	d _____		0			
	e _____		0			
	f All other program service revenue . . . . .		0			
<b>g Total. Add lines 2a-2f . . . . .</b>		<b>0</b>				
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts) . . . . .		19	19		
	4 Income from investment of tax-exempt bond proceeds . . . . .		0			
	5 Royalties . . . . .		0			
	6a Gross Rents . . . . .	(i) Real				
		(ii) Personal				
		b Less rental expenses . . . . .				
		c Rental income or (loss) . . . . .	0	0		
	d Net rental income or (loss) . . . . .		0			
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses . . . . .				
		c Gain or (loss) . . . . .	0	0		
	d Net gain or (loss) . . . . .		0			
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a				
	b Less direct expenses . . . . .	b				
	c Net income or (loss) from fundraising events . . . . .		0			
	9a Gross income from gaming activities See Part IV, line 19 . . . . .	a				
	b Less direct expenses . . . . .	b				
c Net income or (loss) from gaming activities . . . . .		0				
10a Gross sales of inventory, less returns and allowances . . . . .	a					
b Less cost of goods sold . . . . .	b					
c Net income or (loss) from sales of inventory . . . . .		0				
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
11a REFUNDS/REIMBURSEMENTS	900099	28	28			
b _____		0				
c _____		0				
d All other revenue . . . . .		0				
<b>e Total. Add lines 11a-11d . . . . .</b>		<b>28</b>				
<b>12 Total Revenue. See instructions . . . . .</b>		<b>103,836</b>	<b>47</b>	<b>0</b>	<b>0</b>	

**Part IX Statement of Functional Expenses**

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	0			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	0			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	0			
4 Benefits paid to or for members . . . . .	0			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	0			
7 Other salaries and wages . . . . .	64313			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	0			
9 Other employee benefits . . . . .	0			
10 Payroll taxes . . . . .	6073			
11 Fees for services (non-employees)				
a Management . . . . .	0			
b Legal . . . . .	0			
c Accounting . . . . .	1625			
d Lobbying . . . . .	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees . . . . .	0			
g Other . . . . .	19237			
12 Advertising and promotion . . . . .	2419			
13 Office expenses . . . . .	4879			
14 Information technology . . . . .	704			
15 Royalties . . . . .	0			
16 Occupancy . . . . .	5704			
17 Travel . . . . .	4597			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings . . . .	987			
20 Interest . . . . .	138			
21 Payments to affiliates . . . . .	0			
22 Depreciation, depletion, and amortization . . .	850			
23 Insurance . . . . .	2792			
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a FILING FEES	43			
b PAYROLL TAX PENALTIES	261			
c -----	0			
d -----	0			
e -----	0			
f All other expenses -----	0			
25 Total functional expenses. Add lines 1 through 24f	114,622	0	0	0
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .	0			

**Part X Balance Sheet**

		(A) Beginning of year	(B) End of year	
<b>Assets</b>	1 Cash - non-interest-bearing . . . . .		1 39,732	
	2 Savings and temporary cash investments . . . . .		2	
	3 Pledges and grants receivable, net . . . . .		3	
	4 Accounts receivable, net . . . . .		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .		6	
	7 Notes and loans receivable, net . . . . .		7	
	8 Inventories for sale or use . . . . .		8	
	9 Prepaid expenses and deferred charges . . . . .		9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .	10a 4,250		
	b Less accumulated depreciation . . . . .	10b 850	10c	3,400
	11 Investments - publicly traded securities . . . . .		11	
	12 Investments - other securities See Part IV, line 11 . . . . .		12	
	13 Investments - program-related See Part IV, line 11 . . . . .		13	
	14 Intangible assets . . . . .		14	
	15 Other assets See Part IV, line 11 . . . . .		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		0 16	43,132	
<b>Liabilities</b>	17 Accounts payable and accrued expenses . . . . .		17 13,060	
	18 Grants payable . . . . .		18	
	19 Deferred revenue . . . . .		19 40,000	
	20 Tax-exempt bond liabilities . . . . .		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		22	
	23 Secured mortgages and notes payable to unrelated third parties . . . . .		23 858	
	24 Unsecured notes and loans payable to unrelated third parties . . . . .		24	
	25 Other liabilities Complete Part X of Schedule D . . . . .		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25 . . . . .		0 26	53,918
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets . . . . .		27 -10,786	
	28 Temporarily restricted net assets . . . . .		28	
	29 Permanently restricted net assets . . . . .		29	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds . . . . .		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund . . . . .		31	
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .		32	
33 <b>Total net assets or fund balances</b> . . . . .		0 33	-10,786	
34 <b>Total liabilities and net assets/fund balances</b> . . . . .		0 34	43,132	

**Part XI** Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		X
2b	Were the organization's financial statements audited by an independent accountant? . . . . .	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	N	A
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	N	A

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

Name of the organization

TRI-COUNTY ECONOMIC DEVELOPMENT ALLIANCE, INC.

Employer identification number

61-1575200

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-6.

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

Form with multiple sections: Purpose(s) of conservation easements, Conservation contribution details, Monitoring and enforcement information.

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

Form with multiple sections: Reporting requirements for art and historical treasures, Revenues and assets included.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  Yes  No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c Beginning balance . . . . .	
1d Additions during the year . . . . .	
1e Distributions during the year . . . . .	
1f Ending balance . . . . .	0

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . .  Yes  No

b If "Yes," explain the arrangement in Part XIV

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

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

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %
- b Permanent endowment ▶ \_\_\_\_\_ %
- c Term endowment ▶ \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations . . . . .
- (ii) related organizations . . . . .

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

4 Describe in Part XIV the intended uses of the organization's endowment funds

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .	0	0		0
b Buildings . . . . .	0	0	0	0
c Leasehold improvements . . . . .	0	0	0	0
d Equipment . . . . .	0	4,250	850	3,400
e Other . . . . .	0	0	0	0
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)). . . . .				3,400







Continuation Sheet for Form 990

2009

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the instructions for Form 990.

Name of the Organization: TRI-COUNTY ECONOMIC DEVELOPMENT ALLIANCE, INC. Employer identification number: 61-1575200

**Part I** Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
KURT BRUNNER DIRECTOR	0.2	X						0	0	0
MIKE MURPHY DIRECTOR	0.2	X						0	0	0
CRAIG MEYERS DIRECTOR	0.2	X						0	0	0
TOM NEUMILLER DIRECTOR	0.2	X						0	0	0
MATTIAS PRAUS DIRECTOR	0.2	X						0	0	0
JOHN ROSENTHAL DIRECTOR	0.2	X						0	0	0
SCOTT SULLIVAN DIRECTOR	0.2	X						0	0	0
MIKE TIMMERMAN DIRECTOR	0.2	X						0	0	0
SENATOR TIM BIVINS DIRECTOR	0.2	X						0	0	0
REPRESENTATIVE MIKE BOLAND DIRECTOR	0.2	X						0	0	0
SENATOR MIKE JACOBS DIRECTOR	0.2	X						0	0	0
REPRESENTATIVE JIM SACIA DIRECTOR	0.2	X						0	0	0
DR JOE KANOSKY DIRECTOR	0.2	X						0	0	0
DR GEORGE MIHEL DIRECTOR	0.2	X						0	0	0
JOHN AMBROSE DIRECTOR	0.2	X						0	0	0
JOE VONDRA DIRECTOR	0.2	X						0	0	0
DAVE WINTER DIRECTOR	0.2	X						0	0	0
JIM FOX DIRECTOR	0.2	X						0	0	0
RUSS SIMPSON INTERIM EXECUTIVE DIRECTOR	15				X			0	0	0

**SCHEDULE O  
(Form 990)**

**Supplemental Information to Form 990**

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.

▶ Attach to Form 990.

Name of the organization

Employer identification number

TRI-COUNTY ECONOMIC DEVELOPMENT ALLIANCE, INC.

61-1575200

FORM 990, PART VI, SECTION A, LINE 4: ON OCTOBER 1, 2009, THE BOARD OF DIRECTORS AMENDED

THE BYLAWS PER RECOMMENDATION OF THE BYLAWS COMMITTEE. THE SIGNIFICANT AMENDMENTS WERE AS

FOLLOWS. AMENDED ARTICLE VI ENTITLED BOARD OF DIRECTORS, AT SECTION III ENTITLED

QUALIFICATION, SUBPARAGRAPH e THEREOF SHALL BE AMENDED BY REMOVING ALL OF THE EXISTING

LANGUAGE THEREOF AND SUBSTITUTING THEREFORE THE FOLLOWING: "ONE REPRESENTATIVE OF

JO-CARROLL ENERGY, INC (NFP) WHO SHALL BE THE PRESIDENT AND CEO OF JO-CARROLL

ENERGY, INC (NFP)." AMENDED ARTICLE VII ENTITLED EXECUTIVE COMMITTEE AND OFFICERS, AT

SECTION VII ENTITLED DUTIES OF OFFICERS, SHALL BE AMENDED BY CHANGING SUBPARAGRAPH d.

THEREOF ENTITLED EXECUTIVE DIRECTOR AND CHANGING SUBPARAGRAPH TO SUBPARAGRAPH "e" AND

BY ADDING A NEW SUBPARAGRAPH "d" WITH THE FOLLOWING LANGUAGE: "d SECRETARY THE

SECRETARY SHALL KEEP THE MINUTES OF THE MEETINGS OF THE BOARD OF DIRECTORS IN ONE OR

MORE BOOKS PROVIDED FOR THAT PURPOSE, SHALL SEE THAT ALL NOTICES ARE DULY GIVEN IN

ACCORDANCE WITH THE PROVISIONS OF THESE BYLAWS OR AS OTHERWISE REQUIRED, BE CUSTODIAN

OF THE CORPORATE RECORDS AND OF THE SEAL OF THE CORPORATION, KEEP A REGISTER OF THE

POST OFFICE ADDRESSES OF THE MEMBERS, AND IN GENERAL PERFORM ALL DUTIES INCIDENT TO THE

OFFICE OF THE SECRETARY AND OTHER DUTIES AS MAY BE ASSIGNED BY THE CHAIRPERSON OR THE

BOARD OF DIRECTORS." AMENDED ARTICLE X ENTITLED FINANCE, AT SECTION V ENTITLED

BONDING, SHALL BE AMENDED BY ADDING THE FOLLOWING LANGUAGE TO THE END OF THAT ONE

SENTENCE SECTION "BY THE EXECUTIVE COMMITTEE" FORM 990, PART VI, SECTION B, LINE 11A:

THE RETURN PREPARER EMAILS A COPY OF THE FINAL VERSION OF FORM 990 TO EACH MEMBER OF

THE EXECUTIVE COMMITTEE TO REVIEW AND APPROVE AT ITS MONTHLY MEETING BEFORE IT IS FILED

WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 15a: THE ORGANIZATION CONTRACTED AN

OUTSIDE FIRM TO RECRUIT AN EXECUTIVE DIRECTOR. IN ADDITION, AN EXECUTIVE SEARCH

COMMITTEE WAS FORMED TO MONITOR THE RECRUITMENT PROCESS, THE SELECTION OF CANDIDATES,

AND RECOMMENDATIONS TO THE

Name of the organization

Employer identification number

TRI-COUNTY ECONOMIC DEVELOPMENT ALLIANCE, INC.

61-1575200

EXECUTIVE COMMITTEE FOR SELECTION OF THE EXECUTIVE DIRECTOR. THE BOARD OF DIRECTORS WILL

CONDUCT A PERFORMANCE REVIEW ON AN ANNUAL BASIS A FULL TIME EXECUTIVE DIRECTOR WAS HIRED

ON JANUARY 5, 2010.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS,

CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS, AND TAX RETURNS AVAILABLE TO THE PUBLIC

UPON REQUEST.

Multiple horizontal dashed lines for additional text entry.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T

Table with 3 columns: Type or print, Name of Exempt Organization, Employer identification number. Includes address: TRI-COUNTY ECONOMIC DEVELOPMENT ALLIANCE, INC., 9317 IL ROUTE 84, SUITE B, SAVANNA, IL 61074

Check type of return to be filed (file a separate application for each return)

- Form 990 (checked)
Form 990-BL
Form 990-EZ
Form 990-PF
Form 990-T (corporation)
Form 990-T (sec 401(a) or 408(a) trust)
Form 990-T (trust other than above)
Form 1041-A
Form 4720
Form 5227
Form 6069
Form 8870

The books are in the care of RANDY PRASSE, EXECUTIVE DIRECTOR
Telephone No 815-273-1153 FAX No

- If the organization does not have an office or place of business in the United States, check this box
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)
for the whole group, check this box
If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2010, to file the exempt organization return for the organization named above The extension is for the organization's return for

calendar year 2009 or tax year beginning and ending

If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

Table with 3 rows: 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions
3b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit
3c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed)

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization TRI-COUNTY ECONOMIC DEVELOPMENT ALLIANCE, INC.	Employer identification number 61-1575200
	Number, street, and room or suite no If a P O box, see instructions 9317 IL ROUTE 84, SUITE B	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions SAVANNA, IL 61074	

Check type of return to be filed (File a separate application for each return)

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

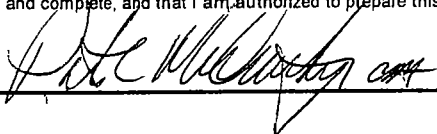
- The books are in the care of \_\_\_\_\_ Telephone No \_\_\_\_\_ FAX No \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for

- I request an additional 3-month extension of time until \_\_\_\_\_
- For calendar year \_\_\_\_\_, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_
- If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period
- State in detail why you need the extension \_\_\_\_\_

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a	\$	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$	
c <b>Balance Due.</b> Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$	0

**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 knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature  Title ▶ CPA Date ▶ MAY 10, 2010