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932171 02-08-10

Net assets or fund balances (line 27 of column (B) must agree with line 21)

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ Department of the Treasury

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

OMB No 1545-1150

private foundation)

Sponsonng 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

Open to Public Inspection Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements 2009 and ending 2010 MAY For the 2009 calendar year, or tax year beginning JUN 1, Check if D Employer identification number C Name of organization Piease Address use IRS label or 91-1906489 Name change AMBUCS OF SPRINGFIELD onnt or type Number and street (or P O box, if mail is not delivered to street address) Room/suite | E Telephone number Initial return Termin-Specific P.O. BOX 1273 217-753-7100 Instruc-City or town, state or country, and ZIP + 4 Amended F Group Exemption Application pending SPRINGFIELD, IL 62705 8069 Number -• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting method Cash X Accrual Schedule A (Form 990 or 990-EZ) Other (specify) Website ► WWW.ABC-SPFLD.COM H Check > X if the organization is not Tax-exempt status (check only one) — X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527 required to attach Schedule B (Form 990, 990-EZ or 990-PF) K Check In the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return 437,266. 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 5,856. Contributions, gifts, grants, and similar amounts received 66,331. Program service revenue including government fees and contracts 2 2 30,473. 3 Membership dues and assessments 3 2,450. Investment income 5a Gross amount from sale of assets other than inventory Less cost or other basis and sales expenses 5h Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Revenue Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ ∟ _____ of contributions a Gross revenue (not including \$ 332,156. 6a reported on line 1) 158,059. 6b b Less direct expenses other than fundraising expenses 174,097. c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c 7a Gross sales of inventory, less returns and allowances 7a 7b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7¢ Other revenue (describe 8 279,207. Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 g Grants and similar amounts paid (attach schedule) 204,571. STMT 5 10 10 11 11 3,600. 12 12 Salaries, other compensation, and employee benefits Expenses 12,865. Professional fees and other payments to heependent contractors 11 13 13 14 Occupancy, rent, utilities, and maintenance 14 616. 15 15 Printing, publications, postage, and shipping, SEE STATEMENT 1) 79,308. 16 Other expenses (describe 16 300,960. 17 17 Total expenses Add lines 10 through 16 <21**,**753.> 18 18 Excess or (deficit) for the year (Subtract line 17 from line 9) Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 277,970. (must agree with end-of-year figure reported on prior year's return) 19 SEE STATEMENT 558. 20 20 Other changes in net assets or fund balances (attach explanation) 256,775. 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year (B) End of year 279,795. 22 255,179. 22 Cash, savings, and investments 23 23 Land and buildings SEE STATEMENT 2) 23,472.24 23,301.Other assets (describe 24 303,267.25 278,480. 25 Total assets 25,297.26 21,705. SEE STATEMENT 3) Total liabilities (describe

Form **990-EZ** (2009)

256,775.

277,970.27

For	m 990-EZ (2009) ' AMBUCS OF SPRINGFIELD			91-	19064	89 Page 2
P	art III Statement of Program Service Accomplishme	nts (See the instructions for	Part III)		Ex	cpenses
Wh	at is the organization's primary exempt purpose?CREATE INTERES	ST IN PUBLIC W	ELFARE.		1	r section 501(c)(3)
	scribe what was achieved in carrying out the organization's exempt pu			ıbe		i) organizations and 7(a)(1) trusts, optional
	services provided, the number of persons benefited, and other relevan				for others)	
28	TO DONATE FUNDS RAISED THROUGH MEME	BERSHIP DUES,	MEMBER			
	EVENTS AND SPECIAL EVENT TO LOCAL (CHARITIES.				
	(Grants \$) If this amount includes foreign	grants, check here	>		28a	232,653.
29					1	
	(Grants \$) If this amount includes foreign	grants, check here	>		29a	
30						
	(Grants \$) If this amount includes foreign	grants, check here	•		30a	
31	Other program services (attach schedule)		•			
	(Grants \$) If this amount includes foreign	grants, check here			31a	
32	Total program service expenses (add lines 28a through 31a)			▶	32	232,653.
P	art IV List of Officers, Directors, Trustees, and Key I	Employees. List each one ev	ven if not compensated	(See the	instructions	or Part IV)
		4.5 7.41	(-) 0	1 ' '	ntributions	(-) 5
	(a) Name and address	(b) Title and average hours per week devoted to	(c) Compensation (If not paid, enter		mployee	(e) Expense account and
	(a) Name and address	position	-0)		fit plans & eferred	other allowances
			,	,	pensation	
RU	JSS ELMORE	PRESIDENT				
P.	O. BOX 1273, SPRINGFIELD, IL 62705	5.00	1,200.		0.	0.
DF	VE NOVAK	VICE-PRESIDEN				
P.	O. BOX 1273, SPRINGFIELD, IL 62705	5.00	0.		0.	0.
	KE REISINGER	SECRETARY				
	O. BOX 1273, SPRINGFIELD, IL 62705	5.00	1,200.		0.	0.
	ARK LEWIS	TREASURER				
	O. BOX 1273, SPRINGFIELD, IL 62705	5.00	1,200.		0.	0.
RC		BOARD MEMBER				
	O. BOX 1273, SPRINGFIELD, IL 62705	0.50	0.		0.	0.
	ANDON REBBE	BOARD MEMBER				
	O. BOX 1273, SPRINGFIELD, IL 62705	0.50	0.		0.	0.
	OB OWENS	BOARD MEMBER		 		
	O. BOX 1273, SPRINGFIELD, IL 62705	0.50	0.		0.	0.
	VIN LINDER	BOARD MEMBER				
	O. BOX 1273, SPRINGFIELD, IL 62705	0.50	0.		0.	0.
	AVE ANTONACCI	BOARD MEMBER				
	O. BOX 1273, SPRINGFIELD, IL 62705	0.50	0.		0.	0.
	ATT WALDHOFF	BOARD MEMBER				
	O. BOX 1273, SPRINGFIELD, IL 62705	0.50	0.		0.	0.
_	FF SUTZER	BOARD MEMBER				
	O. BOX 1273, SPRINGFIELD, IL 62705	0.50	0.		0.	0.
	KE SMITH	BOARD MEMBER		 		
_	O. BOX 1273, SPRINGFIELD, IL 62705	0.50	o.		0.	0.
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Yes No. Yes Yes No. Yes No. Yes No. Yes No. Yes No. Yes Yes No. Yes	Par	rt V Other Information (Note the statement requirements in the instructions for Part	V.)				Т.
Were any changes made to the organization or governing documents? If Yes,* ratach a conformed copy of the changes Were any changes made to the organization had uncome from business activities, such as those reported on lines 2, 5a, and 7a (among others), but not reported on Form 900-7, stachs a statement explaning why the organization did not report the normal or 17mm 990-7 20 bit the organization had uncome from business activities, such as those reported on lines 2, 5a, and 7a (among others), but not reported on Form 900-7 for this year? 21 bit Yes,* has it flied a lax return on Form 900-7 for this year? 23 bit If Yes,* has it flied a lax return on Form 900-7 for this year? 24 bit Yes,* has it flied a lax return on Form 900-7 for this year? 25 bit Yes,* has it flied a lax return on Form 900-7 for this year? 26 bit Yes,* has it flied a lax return on Form 900-7 for this year? 27 bit Yes,* has it flied a lax return on Form 900-7 for this year? 28 bit Yes,* has it flied a lax return on Form 900-7 for this year? 29 bit Yes,* has it flied a lax return on Form 900-7 for this year? 29 bit Yes,* complete spice of the year and year of the organization for form 190-7 for this year? 29 bit Yes,* complete Schedule L, Part II and enter the total amount involved 38b						Yes	
34 Were any changes made to the organization of governing documents? If Yes, statich a conformed copy of the changes if If the organization had accome from business activities, such as those reported on line ≥ 2,5, and 7s (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 and proxy tax requirements? 35				ach activity		<u> </u>	
reported on Form 990-T, statch a statement explaining why the organization did not report the income on Form 990-T and the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy fax requirements? **Notice** **Bit** Pres**, has it filed a tax return on Form 990-T for this year? **Signature** **Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes." complete applicable parts of Sch N **378	34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the	ne changes		34	ļ	X
and proxy tax requirements? b if Yes, Tax at filled a tax return on Form 990-T for this year? b if Yes, Tax at filled a tax return on Form 990-T for this year? b if Yes, Tax at filled a tax return on Form 990-T for this year? b if Yes, Tax at filled a tax return on Form 990-T for this year? b if the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, Tax at the disposition of political expenditures, direct or indirect, as described in the instructions b if the organization before from 1102-POL for this year? b if Yes, Township Schedule Form 1102-POL for this year? b if Yes, Township Schedule L. Part II and either the total amount involved 38b N/A 38c N. A 38b N/A 38c N. A 38c N				out not	ŀ		1
and proxy tax requirements? 15 If Yes,* has it field a tax return on Form 990-T for this year? 15 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes,* complete applicable parts of Sch N A 15 Entar amount of political expenditures, direct or indirect, as described in the instructions 15 Did the organization for form 1720-POL for this year? 15 Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? 15 If Yes,* complete Schedule L. Part II and enter the total amount involved 15 Section 501(c)? organizations Enter 16 Intitiation fees and capital contributions included on line 9 15 Section 501(c)? organizations Enter 16 Intitiation fees and capital contributions included on line 9 16 Gross receipts, included on line 9, for politic used club facilities 17 Section 501(c)? organizations Enter 18 Intitiation fees and capital contributions included on line 9 18 Section 501(c)? organizations beloc used club facilities 19 Section 501(c)? organizations beloc used club facilities 10 Section 501(c)? organizations full the organization engage in any section 4956 excess benefit transaction during the year under section 4912 ► 0 . section 4955 ► 0 . 10 Section 501(c)? organizations full the organization in the organization managers or disqualified persons during the year under sections 4912 4955, and 4958 10 Section 501(c)? and 501(c)? organizations full the organization managers or disqualified persons during the year under sections 4912 4955, and 4958 10 Section 501(c)? and 501(c)? organization facilities and year in the organization with a proximation of the proximation of the proxima					-		
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1 Nest has it filled a tax return on Form 990-T for this year?		and proxy tax requirements?			35a	<u> </u>	+
x 2 Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization file Form 1120-PDL for this year? b Did the organization file Form 1120-PDL for this year? b Did the organization file Form 1120-PDL for this year? b If Yes, complete Schedule L, Part II and enter the total amount involved in a prior year and still outstanding at the end of the period covered by this return? b If Yes, complete Schedule L, Part II and enter the total amount involved in the organization form of the period covered by this return? b If Yes, complete Schedule L, Part II and enter the total amount involved in this organization is an acquartation thought on the part of the organization of the period of the period of the period of the period of the organization of the organizati					35b	N/	Α
The amount of political expenditures, direct or indirect, as described in the instructions Did the organization the Form 1120-Pol. for this year?	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	during the y	ear? If "Yes,"	-		[
378 Enter amount of pollucial expenditures, direct or indirect, as described in the instructions □ Did the organization file Form 1120-PDL for this year? □ Did the organization for Form 5010-(17) organizations or make any loans to, any officer, director, trustee, or key employee or were any such loans made □ na prior year and still outstanding at the end of the period covered by this return? □ If Yes, complete Schedule L, Part II and enter the total amount involved □ Section 501(c)(7) organizations included on line 9 □ B Gross receipts, included on line 9 organizations included on line 9 □ B Gross receipts, included on line 9 organizations included on line 9 □ B Gross receipts, included on line 9 organizations included on line 9 □ B Gross receipts, included on line 9 organizations included on line 9 □ B Gross receipts, included on line 9 organizations included on line 9 □ B Gross receipts, included on line 9 organizations included on line 9 □ B Gross receipts, included on line 9 organizations included on line 9 □ B Gross receipts, included on line 9 organizations included on line 9 □ B Gross receipts, included on line 9 organizations included on line 9 □ B Gross receipts, included on line 9 organization included on the vigor of the section 4912 organization of the year under section 4912 organization on the year under section 4912 organization on a prior year, and that the transaction during the year under sections 4912, 4955, and 4958 □ G Section 501(c)(3) and 501(c)(4) organizations before more 900 organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 □ G Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organizations and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization and 40c reimbursed		complete applicable parts of Sch. N				<u> </u>	X
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in a prior year and still outstanding at the end of the period covered by this return? b if "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			ere any suc	n loans made			
b if "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A 395 Section 501(c)(7) organizations. Enter 396 Initiation fees and capital contributions included on line 9 397 B Gross receipts, included on line 9, for public use of club facilities 398 N/A 399 N/A 390 N/A					38a		X
39 Section 501(c)(7) organizations Enter a indiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 0. section 4915 ► 0. section 4915 ► 0. Section 501(c)(4) organizations but the organization engage in any section 4955 ► 0. Section 501(c)(4) organizations but the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if Yes, complete Schedule L, Part I Section 501(c)(3) and 501(c)(4) organization's prior Forms 990 or 990-E27 if Yes, complete Schedule L, Part I Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax molecule on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8886-T List the states with which a copy of this return is filed ► IL 12 The organization's books are in care of ► MARK LEWIS Located at ► P.O. BOX 1273, SPRINGFIELD, IL 21 The organization's books are in care of ► MARK LEWIS Located at ► P.O. BOX 1273, SPRINGFIELD, IL 21 The organization and the organization have an interest in or a signature or other authority over a financial account in a foreign country ► 22 The organization and the organization and an application of the organization and organizatio		·	38b	N/A			
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Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 O. section 4912 O. section 4915 O. section 4955 O. section 4955 O. section 4955 O. section 4956 O. section 501(c)(4) organizations but the organization engage in any section 4956 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations prior Forms 990 or 990-EZ7 II "Yes," complete Schedule L, Part I O. section 501(c)(3) and 501(c)(4) organizations is prior Forms 990 or 990-EZ7 II "Yes," complete Schedule L, Part I O. e All organizations and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the ease of the sections 4912, 4955, and 4955 O. e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T Located at P. O. BOX 1273, SPRINGFIELD, IL It the states with which a copy of this return is filled P. IL Located at P. O. BOX 1273, SPRINGFIELD, IL It has a prior a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accountry over a financial accountry (such as a bank account, securities account, or other financial accountry. If "Yes," enter the name of the foreign country P. See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If "Yes, enter the name of the foreign country P. Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check h			39b	N/A			
b Section 4911 ▶ 0 . section 4912 ▶ 0 . section 4955 ▶ 0 . b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization at any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed ▶ I.L 40e							
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c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes,* complete Form 8886-7 List the states with which a copy of this return is filled. ► IL The organization's books are in care of ► MARK LEWIS Located at ► P.O. BOX 1273, SPRINGFIELD, IL 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 accounts)? If Yes,* enter the name of the foreign country ► See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U S? If Yes,* enter the name of the foreign country ► Section 9947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 440 Did the organization maintain any donor advised funds? If "Yes,* Form 990 must be completed instead of Form 990-EZ 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 F					40b		X
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completed instead of Form 990-EZ					44	<u> </u>	X
Complete include of the control of t	45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)	? If "Yes," Fo	rm 990 must be			
Form 990-EZ (2009					45		X
					Form 9	390-EZ	(2009)

Pa		Section 501(c)(3) organizations and section 49 organizations and section 4947(a)(1) nonexempt charitable to and 51	947(a)(1) nonexempt rusts must answer question	charitable truns 46-49b and co	ists only. All mplete the table	sections for	on 501 lines 5	(c)(3) i0
46	Did the or	ganization engage in direct or indirect political campaign activities or	n behalf of or in opposition to c	andidates for public			Yes	No
	office? If	"Yes," complete Schedule C, Part I				46		Х
47		ganization engage in lobbying activities? If "Yes," complete Sche			1	47		Х
48	•	anization a school as described in section 170(b)(1)(A)(ii)? If "Yes,"				48		Х
		ganization make any transfers to an exempt non-charitable related o	rganization?		ļ	49a		X
		as the related organization a section 527 organization?			Ĺ	49b	L	L
		this table for the organization's five highest compensated employees 0,000 of compensation from the organization. If there is none, enter "		trustees and key e	- 		ceived	more
		(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contribution to employee benefit plans & deferred compensation) (e	e) Expectount er allow	
51	Complete	ther of other employees paid over \$100,000 this table for the organization's five highest compensated independe on If there is none, enter "None" NONE (a) Name and address of each independent contractor paid more the		ved more than \$100			rom the	
d	Total num	ber of other independent contractors each receiving over \$100,000		-				
Sign Here			ompanying schedules and statemen formation of which preparer has any	ts, and to the best of m knowledge	y knowjedge and bel 	ief, it is	true,	
	arer's	parer's signature D. JASON D JONES	Date Che		parer's identifying nu	mber (S	See inst	r)
Use (LLP	EIN	>			
	[femployed), 1000 MYERS BUILDING		Phor				
	I	ess, and ZIP+4 SPRINGFIELD, IL 62701		no	217-78	39-	096	0
May 1	the IRS dis	cuss this return with the preparer shown above? See instructions				Υe	s	□ No
								(2000)

SCHEDULE A' (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

Name of the organization

91-1906489 AMBUCS OF SPRINGFIELD Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d ___ Type III · Other c ____ Type III - Functionally integrated **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? 9 Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) h (vi) is the (iii) Type of (iv) is the organization (v) Did you notify the (vii) Amount of (i) Name of supported (ii) EIN gaňizátion in col organization organization in col (i) organized in the in col (i) listed in your organization in col support organization (described on lines 1-9 governing document? (i) of your support? US? above or IRC section (see instructions)) Yes No Yes Nο Yes No

LHA 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

Schedulè A (Form 990 or 990-EZ) 2009						
Part II Support Schedule for (Organizations	Described in	Sections 170	(b)(1)(A)(iv) an	d 170(b)(1)(A)(vi)
(Complete only if you checked	the box on line 5	5, 7, or 8 of Part I)				
Section A. Public Support						
Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	

Se	ction A. Public Support		,				,
Cal	endar 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 organ-						
	ization's benefit and either paid to		}			ļ	
	or expended on its behalf			<u> </u>			
3	The value of services or facilities						
	furnished by a governmental unit to	1					
	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						
Se	ction B. Total Support						
Cal	endar 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	1	1				
	securities loans, rents, royalties						
	and income from similar sources					<u> </u>	
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	L	<u> </u>	_			
10	Other income. Do not include gain						
	or loss from the sale of capital						ļ
	assets (Explain in Part IV)						
11							
12	Gross receipts from related activities,	etc. (see instruct	ons)	-		12	
13	First five years. If the Form 990 is for	r the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3)	
	organization, check this box and stop						▶□
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2009 (line 6, column (f) d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2008	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2009. If the o	rganization did no	t check the box o	n line 13, and line	14 is 33 1/3% or i	more, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	n			▶□
b	33 1/3% support test - 2008. If the o	rganization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/39	% or more, check th	is box
	and stop here. The organization qual	ifies as a publicly	supported organiz	zation			
17a	10% -facts-and-circumstances tes	t - 2009. If the org	anization did not d	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstar	ices" test, check t	his box and stop l	here. Explain in Pa	art IV how the orga	nization
	meets the "facts-and-circumstances"	test The organiza	ation qualifies as a	publicly supporte	d organization		▶ □
b	10% -facts-and-circumstances tes	t - 2008. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circi	ımstances" test, c	heck this box and	stop here. Expla	in in Part IV how the	9
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box	and see instruction	s >
					Sch	edule A (Form 990	or 990-FZ) 2009

Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support (e) 2009 (f) Total (c) 2007 (d) 2008 Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 1 Gifts, grants, contributions, and membership fees received. (Do not 43,283. 32,000. 31,178. 35,845 36,329. 178,635. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 420,503. 409,881. 621,867. 420,732. 398,487 2,271,470. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or busmess under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 441,881. 653,045. 456,577. 434,816. 463,786. 2,450,105. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 0. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the 0. amount on line 13 for the year 0. c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6.) 2 450 105 Section B. Total Support Calendar year (or fiscal year beginning in) (b) 2006 (e) 2009 (a) 2005 (c) 2007 (d) 2008 (f) Total 463,786. 441,881. 653,045. 456,577. 434,816. 9 Amounts from line 6 2,450,105. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 2,717. 3,601 3,565. 9,100. 2,450. 21,433. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 2,717. 3,601. 3,565. 9,100. 2,450. 21,433. c Add lines 10a and 10b 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.) 466,503. 445,482. 656,610. 465,677. 437,266. Total support (Add lines 9, 10c, 11, and 12) 2,471,538. 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 $\overline{99.13}$ 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 99.16 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .87 % 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 .84 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► X b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Inspection

Department of the Treasury

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

Internal Revenue Service **Employer identification number** Name of the organization 91-1906489 AMBUCS OF SPRINGFIELD Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ fillers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants Mail solicitations Internet and email solicitations Solicitation of government grants Ь g X Special fundraising events Phone solicitations C In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or X No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b if "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iii) Did (v) Amount paid (vi) Amount paid (iv) Gross receipts (i) Name of individual to (or retained by) have custody or control of contributions? to (or retained by) (ii) Activity fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes Total 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Schedule G (Form 990 or 990 EZ) 2009 AMBUCS OF SPRINGFIELD Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000 (c) Other events (b) Event #2 (a) Event #1 (d) Total events BIG HAT CLUB NONE (add col (a) through WINE AND CH STATE FAIR col. (c)) (event type) (total number) (event type) 8,064. 332,156. 324,092. 1 Gross receipts 0 2 Less: Charitable contributions 324,092. 8,064 332,156. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 156,317. 1,742. 158,059. Other direct expenses 158,059, 10 Direct expense summary. Add lines 4 through 9 in column (d) 174,097 Net income summary Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming col. (a) through col (c)) bingo/progressive bingo Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes % 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine line 1, column (d), and line 7 Yes No 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? 9a b If "No," explain 10a 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Schedule G (Form 990 or 990 EZ) 2009 AMBUCS OF SPRINGFIELD	<u>91-190</u>	648	9 Pa	age 3
			Yes	
13 Indicate the percentage of gaming activity operated in:				
a The organization's facility	a %			
b An outside facility	b %]		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and	records:	1		
Name				
Address ▶				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue	; ?	15a		
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	e amount			
of gaming revenue retained by the third party ▶\$				
c If "Yes," enter name and address of the third party:				
Name ►				
Address ▶				
16 Gaming manager information:				
Name ▶	<u> </u>			
Gaming manager compensation ▶ \$				
Description of services provided ▶				
Director/officer Employee Independent contractor				
17 Mandatory distributions				
a is the organization required under state law to make charitable distributions from the gaming proceeds to				
retain the state gaming license?		17a		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or sorganization's own exempt activities during the tax year. ▶ \$	spent in the			

Schedule G (Form 990 or 990-EZ) 2009

FORM 990-EZ	OTHER EXPENSES		STATEMENT 1
DESCRIPTION			AMOUNT
GOLF OUTING			15,056.
DUES			12,228.
SHIRTS			4,765.
BAD DEBT EXPENSE			2,263. 2,004.
WEB SITE DESIGN BOARD MEETINGS			5,947.
MEMBER EVENTS			8,261.
INTEREST			1,690.
CONVENTION EXPENSES			6,841.
BANK CHARGES			2,947.
MISCELLANEOUS			4,992.
INSURANCE			2,562.
OTHER EVENTS			9,752.
TOTAL TO FORM 990-EZ, LINE 16			79,308.
			
FORM 990-EZ	OTHER ASSETS		STATEMENT 2
DESCRIPTION		BEG. OF YEAR	END OF YEAR
INVESTMENT IN SANGAMON COUNTY CO	OMMUNITY		
FOUNDATION		4,106.	4,684.
INTEREST RECEIVABLE		7,185.	0.
ACCOUNTS RECEIVABLE	AD CEC	11,331.	18,617.
PREPAID EXPENSES AND DEFERRED CH	IARGES	850.	0.
TOTAL TO FORM 990-EZ, LINE 24		23,472.	23,301.
FORM 990-EZ	THER LIABILITIES		STATEMENT 3
DESCRIPTION		BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE AND ACCRUED EXI	PENSES	10,503.	6,154.
OTHER NOTES PAYABLE DEFERRED REVENUE		11,854. 2,940.	15,111. 440.
PAL HIMED INDARROR		2,740.	440.
TOTAL TO FORM 990-EZ, LINE 26		25,297.	21,705.

FORM 990-EZ OTHER CHANGES IN NET ASSETS OR FU	UND BALANCES	STATEMENT	4
DESCRIPTION		AMOUNT	
UNREALIZED GAIN ON INVESTMENTS		55	58.
TOTAL TO FORM 990-EZ, LINE 20		55	8.
FORM 990-EZ CASH GRANTS AND ALLOCAT	TIONS	STATEMENT	 5
CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUN	ŗ
SEE ATTACHED	NONE	204,57	71.
SPRINGFIELD, IL 62707			
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		204,57	71.

MENT 6	STATEM	MATION REGARDING TRANSFERS	INFO	RM 990-EZ
		WITH PERSONAL BENEFIT CONTRACTS		
		NUDING MUE VEAD DECEIVE ANY EUNDO	CANTGAGTON	DID WHE O
		OURING THE YEAR, RECEIVE ANY FUNDS,	GANIZATION.	DID THE O
		TO PAY PREMIUMS ON A PERSONAL		
[X] NO	[] YES		R INDIRECTLY	DIRECTLY
[X] NO	[] YES	TO PAY PREMIUMS ON A PERSONAL	R INDIRECTLY NTRACT?	DIRECTLY BENEFIT C

AMBUCS of Springfield Schedule of Charitable Contributions May 31, 2010

<u>Payee</u>	<u>Amount</u>
Boys and Gırls Club	\$ 72,420
Amtryke Program	24,478
SPringfield Police Explorers	4,350
UCP	4,147
Land of Lincoln Downs Syndrome	4,000
Brother James Court	3,840
Springfield High School Booster Club	3,460
Capital Elite All Stars Booster Club	3,325
Central Illinois Food Bank	3,000
Lanphier HS Sports Boosters	2,965
SHG Boosters	2,935
Community Child Care Connection	2,610
The Parent Place	2,560
Camp Co-Co	2,500
Fairview Youth Athlectic Assoc	2,350
Springfield Scorpions Football	2,330
American Red Cross	2,230
Caivary Temple Christian Center	2,005
Mını O'Beirne Crisis Nursery	2,000
YMCA	2,000
Youth Service Bureau	2,000
Payees less than \$ 2,000	 53,066
	\$ 204,571

Form **8868** (Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No. 1545-1709

Form 8868 (Rev 4-2009)

-	you are filing for an Automatic 3-Month Extension, complete only Part I and check this box	ightharpoons
- пу	you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form)
Do n	ot complete Part il unless you have already been granted an automatic 3-month extension on a previously t	lled Form 8868
Par	Automatic 3-Month Extension of Time. Only submit original (no copies needed).	
A cor	rporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and cor	nplete
Part I	lonly	▶ □
	her corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a ncome tax returns	n extension of time
noted (not a you n	tronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electron automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or connust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic fulls and click on e-file for Chanties & Nonprofits.	ically if (1) you want the additional onsolidated Form 990-T. Instead,
Type		Employer identification number
print	AMBUCS OF SPRINGFIELD	91-1906489
File by due da filing yo	the Number, street, and room or suite no. If a P.O. box, see instructions.	31 1300103
return Instruci	See	
	ck type of return to be filed (file a separate application for each return):	
=	Form 990 Form 990-T (corporation) Form 4	
믕	Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5	
\Box	Form 990-EZ Form 990-T (trust other than above) Form 6	069
		070
	Form 990-PF	870
		870
	MARK LEWIS	870
	MARK LEWIS ne books are in the care of ▶ P.O. BOX 1273 - SPRINGFIELD, IL 62705	870
Те	MARK LEWIS ne books are in the care of ▶ P.O. BOX 1273 - SPRINGFIELD, IL 62705 elephone No ▶ 217-891-0958 FAX No. ▶	870
Te If t	MARK LEWIS the books are in the care of \triangleright P.O. BOX 1273 - SPRINGFIELD, IL 62705 the blephone No \triangleright 217-891-0958 The organization does not have an office or place of business in the United States, check this box	→
Te ● Ift ● Ift	MARK LEWIS the books are in the care of ▶ P.O. BOX 1273 - SPRINGFIELD, IL 62705 The books are in the care of ▶ P.O. BOX 1273 - SPRINGFIELD, IL 62705 The books are in the care of ▶ P.O. BOX 1273 - SPRINGFIELD, IL 62705 The books are in the care of ▶ P.O. BOX 1273 - SPRINGFIELD, IL 62705 The organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the organization of the organi	▶ □
Te ● Ift ● Ift	MARK LEWIS the books are in the care of \triangleright P.O. BOX 1273 - SPRINGFIELD, IL 62705 the blephone No \triangleright 217-891-0958 The organization does not have an office or place of business in the United States, check this box	▶ □
Te Ift	MARK LEWIS ne books are in the care of ▶ P.O. BOX 1273 - SPRINGFIELD, IL 62705 slephone No ▶ 217-891-0958 The organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the lift is for part of the group, check this box ▶ and attach a list with the names and EINs of all request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time uniterior of the second se	is is for the whole group, check this members the extension will cover.
Te If the lift the li	MARK LEWIS ne books are in the care of ▶ P.O. BOX 1273 - SPRINGFIELD, IL 62705 elephone No ▶ 217-891-0958 The organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the If the If the and attach a list with the names and EINs of all	is is for the whole group, check this members the extension will cover.
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LHA

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