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Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public

Department of the Treasury

Inten		The organization may have to use a copy of this return to satisfy state			inspection
<u>A</u>	For th	e 2009 calendar year, or tax year beginning October 1 , 2009, and end			20 10
В	Check if	applicable Please Use IRS C Name of organization Illinois Manufacturing Extension Center	•	4	identification number
	Address	change label or Doing Business As		37	1368934
	Name c		suite	E Telephone	
	nitial re	urn See 1501 W. Bradley Avenue		(309)	677-2261
	Termina	ted Instruc- City or town, state or country, and ZIF + 4		ŀ	
	Amende	d return tions. Peoria, IL 61625		G Gross recei	pts \$ 3,969,292
	Application	F Name and address of principal officer David Boulay, same as C above	H(a) Is the	s a group retum for	affiliates? Yes V N
			H(b) Are	all affiliates incl	luded? 🗆 Yes 🗀 N
1		empt status	If "N	lo," attach a lis	t (see instructions)
		te: ▶ www.imec.org		exemption number	
	_	organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ► ☐ L Year of formation	ation 1996	M State of le	gal domicile L
Pa	irt I	Summary			
	1	Briefly describe the organization's mission or most significant activities:	perate for e	ducational	and charitable
60		purposes to increase the productivity and global competitiveness of man	ufacturing a	nd technolo	gy-related
Š		firms and related industries that impact such enterprises.			
Ě					
Activities & Governance	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25	5% of its net ass		
ص ع	3	Number of voting members of the governing body (Part VI, line 1a)		. 3	16
es	4	Number of independent voting members of the governing body (Part VI, line	1b)	. 4	16
₹	5	Total number of employees (Part V, line 2a)		. 5	28
Act	6	Total number of volunteers (estimate if necessary)		. 6	0
		Total gross unrelated business revenue from Part VIII, column (C), line 12		7a	
	b	Net unrelated business taxable income from Form 990-T, line 34.	,' · · ·	. 7b	
			Prior Y		Current Year
ø	8	Contributions and grants (Part VIII, line 1h)	-	,176,041	2,295,396
Ę		Program service revenue (Part VIII, line 2g)	1	,629,105	1,636,279
Revenue	10	Investment income (Part VIII, colu剛氏似蛋燥反如 and 右)		(1461)	37,617
	11	Other revenue (Part VIII, column (A), lines 5, 60, 8c, 9c(1 0c, and 11e)		0	
		Total revenue—add lines 8 through 11 (must equal Part VI 2 column (A), line 12)	+	,803,685	3,969,292
	13	Grants and similar amounts Bajd (Hahti IXI) column (Å), Innes 1-3)	3	,316,589	2,827,931
"	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	
Expenses	15	Salaries, other compensation employee perette (Part K, column (A), lines 5-10)	239,202	63,354	
per	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	
ŭ		Total fundraising expenses (Part IX, column (D), line 25) ▶			
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		,917,124	1,632,648
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .		,472,915	4,523,933
- 10		Revenue less expenses. Subtract line 18 from line 12		669,230)	(554,641
Assets or			Beginning of C		End of Year
sset	20	Total assets (Part X, line 16)	4	,605,851	4,154,501
a k	ı -	Total liabilities (Part X, line 26)	-	421,541	524,832
Net		Net assets or fund balances. Subtract line 21 from line 20	4	,184,310	3,629,669
P	art II	Signature Block			
		Under penalties of perjury, I declare that I have examined this return, including accompanying schill and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based of			
			1	A / >6	201
Sig	-	Supply of officers		Mpril 27	<u> </u>
He	re	Signature of officer	Da	ite	
		Daved Booley President			
		Type or print name and title	Check if	Dear	
		Preparer's	self-	(see instruction	ntifying number ns)
Paid	d	agnature y	employed ▶ ∐		
Pre	parer's	Firm's name (or yours	T		
Use	Only	ıf self-employed),	EIN	<u> </u>	
		address, and ZIP + 4	Phone	no ▶ ()	
Ma	y the	IRS discuss this return with the preparer shown above? (see instructions)	<u> </u>	<u> </u>	Yes No

Par	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: To operate for educational and charitable purposes to increase the productivity and global competitiveness
•	of manufacturing and technology-related firms and related industries that impact such enterprises.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program
•	services?
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 \$ 3,805,430 including grants of \$ 2,653,919) (Revenue \$ 1,636,279) The Illinois Manufacturing Extension Center is a not-for-profit organization dedicated to providing technical,
	management and financial assistance as well as consulting and training services to manufacturing and technology- related firms, and to related industries that impact such enterprises. Activities during the period include service to
	332 smaller manufacturers involving 191 technical assistance projects, 205 other completed informal assistance engagements, and dissemination of information to over 2,000 smaller manufacturers and manufacturing-related
	enterprises.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	(Code.) (Expenses \$ including grants of \$) (Revenue \$)
70	, (Levelue 4
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 3.805.430

L (all	Checklist of hequired 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	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓	
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	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	1	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
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	6	:	✓
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	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		/
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	9_		1
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.	10		1
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	11		1
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI			
•	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.			
•	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.			
•	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.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 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.	ı		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	1	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14a		14a	+-	✓
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? <i>If "Yes," complete Schedule F, Part I</i>	14b		1
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	15		1
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	16		1
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	17		1
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.	18		1
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	19	_	1
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	L _	✓

Pal	Checklist of Required Schedules (continued)			
			Yes	No
21	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? If "Yes," complete Schedule I, Parts I and II.	21	✓	
22	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? If "Yes," complete Schedule I, Parts I and III	22		1
23	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? If "Yes," complete Schedule J.	23		✓
24a	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defense any tax exempt bonds?	24b 24c		
	to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		√
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? If "Yes," complete Schedule L, Part I	25b		1
26	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? If "Yes," complete Schedule L, Part II	26		1
27	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? If "Yes," complete Schedule L, Part III	27		1
28	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):	,	1	,
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	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? If "Yes," complete Schedule L, Part IV	28c	✓	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		1
37	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? If "Yes," complete Schedule R, Part VI	37		√
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38	1	_

Par	rt 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			
•	U.S. Information Returns. Enter -0- if not applicable		. -	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	√	
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 28	$\overline{}$		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	√	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		✓
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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		✓
b	If "Yes," enter the name of the foreign country. ▶			ŀ
	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	<u> </u>	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b	-	-
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
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		√
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			:
а	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		✓
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	-	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		✓
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		√
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		-
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. 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		
9	Sponsoring organizations maintaining donor advised funds.	00		
a	Did the organization make any taxable distributions under section 4966?	9a 9b	 	
b 10	Did the organization make a distribution to a donor, donor advisor, or related person?	30	منوز	
10 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter.			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	16		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	12a		

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.

Şec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent		!	
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		✓
3	Did the organization delegate control over management duties customanly performed by or under the direct			
•	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		/
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		1
6	Does the organization have members or stockholders?	6		1
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		✓
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following:			
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	_8b	✓	
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	✓	
	tion B. Policies (This Section B requests information about policies not required by the Inter-	ernal		
Rev	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		✓
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		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	<u> </u>	
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	✓	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	√	ļ
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		,	
	describe in Schedule O how this is done	12c	√	
13	Does the organization have a written whistleblower policy?	13	√	<u> </u>
14	Does the organization have a written document retention and destruction policy?	14		
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?	45-		1
	The organization's CEO, Executive Director, or top management official	15a	V	
b	Other officers or key employees of the organization	15b	_	
	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	16a		√
	with a taxable entity during the year?	10a		×
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		
Sac	tion C. Disclosure	105		
			_	_
17	List the states with which a copy of this Form 990 is required to be filled ► Illinois Section 6104 requires an arganization to make its Forms 1023 for 1024 if applicable), 990, and 990 T (501/s	2/(2/2	only)	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(or symbols for public reposition, Indicate how you make those available. Check all that apply	J(3)8	orny)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
10	Own website Another's website Upon request	of int	araat	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	oi inti	erest	
20	policy, and financial statements available to the public.	rde e	ftha	
20	State the name, physical address, and telephone number of the person who possesses the books and recognization. Bradley University Controller's Office, 1501 W. Bradley Avenue, Peoria, IL 61625 309-67	77 -34 9	e	

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 employees."
- 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		any o	curr			cer, c	lirec			
(A) Name and Title	(B)	Dood	/-	•	C)	4b-4	- 1	(D) Reportable	(E) Reportable	(F) Estimated
Name and litte	Average hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Carlton Adams	5							0	0	0
Director	.5	✓						0	0	
Matt Carroll	5							0	o	0
Director	1.0	✓	ļ		_					
John Eash Director	.5	1						0	0	0
Allen Henning Director	.5	1						0	0	0
Richard Louis Director	.5	/						0	0	0
Mark Lundstrom Director	.5	,						0	0	0
Dan Schueller Director	.5	,						0	0	0
Joe Shiver	5	Ĭ.						0	0	0
Director Reginald Smidt	5	✓						0	0	0
Director Vince Tappel	5	/						0	0	0
<u>Director</u> James Tarabori		✓		_						
Director	.5	✓					<u></u>	0	0	0
Debra Voges-Schneider Director	.5	/						0	0	0
Mary Cay Westphal Director	.5	/						0	0	0
Ed Wolbert	.5	/						0	0	0
Director Robert Weinstein	40	Y						37,078	0	0
President Brad Albrecht Secretary/Treasurer				1	_			0	0	0

Part VII Section A. Officers, Directors, Tru	istees, Key	/ Emp	loy	ees,	an	d High	nest	Compensate	Employees	(cont	inued)
(A)	(B)			•	C)			(D)	(E)		(F)
Name and title	Average hours per week	Individual trustee Or director	institutional trustee	Officer	a Key employee	Highest compensated amployee	S Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensatio from related organization (W-2/1099-MI	on d is	Estimated amount of other compensation from the organization and related organizations
Alec Alessandra 2nd Vice Chairman	.7	1		1				0		0	0
Lach Perks	_			<u> </u>							
Chairman	.7	1		1				0		0	0
Fred Pipin Secretary/Treasurer	.7	1	,	/				0		o	0
Andy Rector 1st Vice Chairman	.7	1		1		:		0		0	0
				Ì							
										Î	
											·····
			i 								
1b Total							>	37,078		0	0
Total number of individuals (including but in reportable compensation from the organization)	ation > 0										Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete S	chedule J	for su	ıch	ındı	vidu	ıal .	٠.			40	3 🗸
4 For any individual listed on line 1a, is the sthe organization and related organizations individual	greater tha										4
5 Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes," comp	comp plete	oen: S <i>ch</i>	satı edu	on 1 le J	from a	any <i>uch</i>	unrelated org person	anızatıon foi		5 ✓
Section B. Independent Contractors											
Complete this table for your five highest compensation from the organization.	ompensate	ed ind	ере	nde	ent d	contra	ctor	s that receive	d more than	\$100	,,000 of
(A) Name and business add	fress							(B) Description of s	ervices	C	(C) ompensation
Bradley University, 1501 W. Bradley Avenue,	Peoria, IL	6162	5				En	nployment/Ac	counting	-	855,083
2 Total number of independent contractors (i					l to	those	liste	ed above) who	received		
more than \$100,000 in compensation from	n the organ	nizatio	n Þ	٠ 1		_			Ŀ	二万多种	A VEHICLE

Part	i VIII	Statement of Reve	nue	_				
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b	Federated campaigns . Membership dues Fundraising events	1b	0				
gift Iar		Related organizations .	1 1	0		;		
ns, imi		Government grants (contribu		2,295,396				
utio	f	All other contributions, gifts, gran						
et is		and similar amounts not included		0				
Son	9 h	Noncash contributions included in Total. Add lines 1a–1f .	1 lines 1a-1f. \$	>	2,295,396			
	 "	rotan / tad in too fa 11 .		Business Code				
enu	2a	Client Projects		541900	1,636,279	1,636,279	0	0
Rev	b							
Vice	С							
Ser	d	•••••						
Program Service Revenue	e	All -th						
rog		All other program service Total. Add lines 2a–2f .		•	1,636,279			
	۱.				1,030,279			·
	3	Investment income (included other similar amounts) .			37,617	0	0	37,617
	4	Income from investment of ta			0	0	0	0
	5	Royalties		. •	0	0	0	0
			(ı) Real	(ii) Personal				
	6a	Gross Rents						
		Less: rental expenses						
		Rental income or (loss) Net rental income or (loss)	9)		0	0	0	
		` [(i) Securities	(II) Other	- 0	•		<u>_</u>
	/a	Gross amount from sales of assets other than inventory	.,					
	b	Less. cost or other basis and sales expenses .						
		Gain or (loss) L					<u> </u>	
ā	l	Net gain or (loss) Gross income from f		▶	0	0	0	0
Revenue		events (not including \$ of contributions reported of	on line 1c).					
Other	b	Less: direct expenses .	~					
₹		Net income or (loss) from		vents , , ▶	0	0	0	0
	9a	Gross income from gaming See Part IV, line 19	activities.					
	b	Less: direct expenses .	b				-	
	C	Net income or (loss) from	gaming activi	ities , , ▶	0	0	0	0
		Gross sales of invent returns and allowances .	. a					
		Less: cost of goods sold Net income or (loss) from s		nrv 🕨	0	0	0	0
	᠆ᢅ	Miscellaneous Revenu		Business Code		0	<u> </u>	
	112							
	b							
	С		* *					
		All other revenue						
		Total. Add lines 11a-11d			2 060 202			37.64-
	112	Total revenue. See instru	ictions	💌	3,969,292	0	0	37,617

Part IX

Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete col				
.Do 7b	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(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	2,827,931	2,827,931		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	0	0	0	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	0	o	0
7	Other salaries and wages	58,844	53,282	5,562	0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	0	0	0	0
10	Payroll taxes	4,510	4,085	425	0
11	Fees for services (non-employees)				•
а	Management	1,376	0	1,376	0
	Legal	15,200	245	14,955	0
	Accounting	30,000	30,000	14,333	
	Lobbying	30,000	30,000	0	0
	Professional fundraising services. See Part IV, line 17	0	0	0	0
	Investment management fees	0	0	0	0
g 12	Other	17,349	17,349	0	0
13	Office expenses	73,872	42,616	31,256	0
14	Information technology	0	0	0	0
15	Royalties	0	0	0	0
16	Occupancy	27,224	2,400	24,824	0
17	Travel	169,232	160,542	8,691	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	25,032	25,032	0	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization.	0	0	0	0
23	Insurance	21,145	0	21,145	0
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.)				
а	Misc.	51,139	38,479	12,659	0
b	Contractual Services	1,201,079	777,481	423,598	0
С	Allocation of Line 1 Mgmt & Gen Expense	0	(174,012)	174,012	0
d					
е					
	All other expenses	4 500 000	2 005 420	740 502	
<u>25</u> 26	Total functional expenses. Add lines 1 through 24f Joint costs. Check here ▶ ☐ 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	4,523,933	3,805,430	718,503	0

		(A) Beginning of year		(B) End of year
<u> </u>	Cook and interest because	3,943,371	1	3,045,968
1	Cash—non-interest-bearing	0,010,011	2	0,010,000
2	Savings and temporary cash investments	344,368	3	823,332
3	Pledges and grants receivable, net	314,842		283,723
1	Accounts receivable, net	014,042	-	200,120
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of Schedule L.	0	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	0	6	
_	Γ	0	7	<u>`</u>
7	Notes and loans receivable, net	0	8	
8	Inventories for sale or use	3,270	9	1,478
9	Prepaid expenses and deferred charges	3,210	-	1,470
10a	Land, buildings, and equipment: cost or 10a			
١.	other basis. Complete Part VI of Schedule D	0	10c	0
1	Less. decarratated depresentation		11	0
11	Investments—publicly traded securities	<u>~</u>	12	- 0
12	Investments—other securities. See Part IV, line 11		13	
13	Investments – program-related See Part IV, line 11		14	
14	Intangible assets	0	15	<u>.</u>
15 16	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34)	4,605,851	16	4,154,501
+	- · · · · ·	190,620	17	
17	Accounts payable and accrued expenses	225,161	18	116,752 408,080
18	Grants payable	5,760	19	400,000
19	Deferred revenue	5,760	20	<u>`</u>
20	Tax-exempt bond liabilities	0	21	
21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
22	Payables to current and former officers, directors, trustees, key			
ŀ	employees, highest compensated employees, and disqualified		00	
	persons. Complete Part II of Schedule L	0	22	
23	Secured mortgages and notes payable to unrelated third parties	0	23	0
24	Unsecured notes and loans payable to unrelated third parties	0	24 25	
25 26	Other liabilities. Complete Part X of Schedule D	421,541	26	524,832
	Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.	421,541	20	324,032
07		4,184,310	27	3,629,669
27	Unrestricted net assets	0	28	0,020,000
28	Temporarily restricted net assets	0	29	
29	Permanently restricted net assets		23	<u>_</u>
27 28 29 30 31 32 33	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.	<u>,</u>		
30	Capital stock or trust principal, or current funds	0	30	
31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
32	Retained earnings, endowment, accumulated income, or other funds	0	32	0
33	Total net assets or fund balances	4,184,310	33	3,629,669
34	Total liabilities and net assets/fund balances	4,605,851	34	4,154,501

Form **990** (2009)

Par	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990. ☐ Cash ☐ Accrual ☐ 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?	2a	\	
	Were the organization's financial statements audited by an independent accountant?	2b	✓	L
С	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?	2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
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:			
	☐ Separate basis ☐ Consolidated basis ☐ 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?	За	✓	
b	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	3b	✓	
		Forn	990	(2009

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization Employer identification number 1368934 Illinois Manufacturing Extension Center 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). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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). 6 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) 8 An organization that normally receives: (1) more than 331/3 % 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% % 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). 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. **c** Type III–Functionally integrated **d** ☐ Type III–Other a Type I **b** Type II e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(iı) (ii) A family member of a person described in (i) above? . . . |11g(in) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). (III) Type of organization (iv) Is the organization (vii) Amount of (i) Name of supported (ii) EIN (v) Did you notify (described on lines 1-9 in col (i) listed in your organization in col organization the organization in support col (i) of your above or IRC section governing document? (i) organized in the (see instructions)) support? US2 Yes Yes Yes

Total

Schedule A (Form 990 or 990-EZ) 2009 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support . Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not 3,193,879 3,059,275 3,420,255 2,176,041 2,295,396 14,144,846 include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on 0 0 0 0 0 0 ıts behalf The value of services or facilities furnished by a governmental unit to the

	organization without charge	0	_ 0	0	0	0	0
4	Total. Add lines 1 through 3	3,193,879	3,059,275	3,420,255	2,176,041	2,295,396	14,144,846
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)						0
6	Public support. Subtract line 5 from line 4.	l					14,144,846
	tion B. Total Support	4-3 0005	(h) 0000	(-) 0007	(-I) 0000	(-) 0000	(6) T-4-1
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	3,193,879	3,059,275	3,420,255	2,176,041	2,295,396	14,144,846
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	202,348	239,490	113,058	(1,461)	37,617	591,052
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0	0	0	0
11	Total support. Add lines 7 through 10 .					<u> </u>	14,735,898
12	Gross receipts from related activities, etc	•	•	•		12	13,136,687
13	First five years. If the Form 990 is for organization, check this box and stop he			nd, third, fourth	, or fifth tax y	ear as a sectio	n 501(c)(3) . ▶ □
Sec	tion C. Computation of Public Su	pport Percei	ntage				
14	Public support percentage for 2009 (line	6, column (f) di	vided by line 1°	1, column (f))		14	95.99 %
15	Public support percentage from 2008 Sci	•	•			15	95.70 %
16a	33½ % support test-2009. If the organiand stop here. The organization qualifies				line 14 is 33% 9	% or more, chec	ck this box
b	33% % support test—2008. If the organi box and stop here. The organization qua			·			check this ▶ □
17a	7a 10%-facts-and-circumstances test – 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b	b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
18	Private foundation. If the organization did	f not check a bo	ex on line 13, 16	a, 16b, 17a, or 1	7b, check this	box and see ins	tructions ► □
					C-h	adula A (Farm 000	~ 000 E7 0000

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you checke	ed the box o	n line 9 of Pa	ırt I.)			
	tion A. Public Support	4 4 ==	I		1 /2		г % <u>а — : : : = =</u>
、Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 6	The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5	_					
_	Amounts included on lines 1, 2, and 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 amount on line 13 for the year						
с 8	Add lines 7a and 7b Public support (Subtract line 7c from						
500	tion B. Total Support		<u> </u>	Ļ	!	<u> </u>	<u> </u>
$\overline{}$	llendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	(-,	(,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(-,	
_	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for organization, check this box and stop	. •		nd, third, fourt	=		
Sec	tion C. Computation of Public Su				·		
15 16	Public support percentage for 2009 (lin Public support percentage from 2008 S			ne 13, column	(f))	15	<u>%</u> %
	tion D. Computation of Investmer						
17	Investment income percentage for 200	•		-	olumn (f)) .	17	%
18	Investment income percentage from 20					18	<u></u>
19a	17 is not more than 331/3 %, check this b	ox and stop h	ere. The organ	ızatıon qualıfıes	s as a publicly	supported orga	anization ► □
b	331/4 % support tests - 2008. If the organine 18 is not more than 331/4 %, check this	nization did not s box and stop	check a box or here. The orga	n line 14 or line Inization qualifie	19a, and line 1 s as a publicly	6 is more than supported orga	33⅓ %, and anization ► □
20	Private foundation. If the organization		_				

Part IV	Form 990 or 990-EZ) 2009	ete this part to provide	the explanations required	Page 4
rait iv	Supplemental Information. Comp Part II, line 17a or 17b; and Part III	line 12. Provide any oth	ner additional information.	See instructions.
•				
			•••••	
			-	
	•••••		••	
				•••••
	·····			

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

► Complete if the organization is described below.

Open to Public

OMB No 1545-0047

Department of the Treasury

ntema	al Revenue Service		Attach to Form 990 or Form 990-l	EZ. ▶ See separat	e instructions.		Inspection	
	f the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C							
• :	● Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B							
• :	Section 527 organizations Complete Part I-A only							
			s," to Form 990, Part IV, line 4, or Fo that have filed Form 5768 (election un					
	 Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then 							
•	Section 501(c)(4),	(5), or (6) orga	inizations. Complete Part III					
Nar	Name of organization Employer identification number							
	nois Manufactu					37	1368934	
Pai	rt I-A Com	plete if the	organization is exempt unde	er section 501(c	or is a sect	<u>:ion 527</u>	organization.	
1	Provide a des	cription of th	e organization's direct and indirec	t political campai	gn activities in	Part IV.		
2	Political exper	nditures .				▶ \$		
3	Volunteer hou	rs						
Pai	rt I-B Com	plete if the	e organization is exempt und	er section 501(c)(3).			
1 2			xcise tax incurred by the organiza xcise tax incurred by organization					
3 4a b		ion made?	l a section 4955 tax, did it file For	m 4720 for this ye	ear?	•	. Yes No	
	·		organization is exempt und	er section 501(c), except se	ction 5	01(c)(3).	
1		ount directly	expended by the filing organization	on for section 527	exempt function			
2			ing organization's funds contribute ties	ed to other organiz	zations for sec	tion ▶ \$,		
3	Total exempt line 17b		penditures Add lines 1 and 2. Er	iter here and on	Form 1120-PC)L, ▶ \$		
4	Did the filing of	organization	file Form 1120-POL for this year?				∐ Yes ∐ No	
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filling organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.							
	(a) Name	•	(b) Address	(c) EIN	(d) Amount pa filing organiza funds If none, e	tion's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-	

Pag	А	2

Sch	edule C (Form 990 or 990-EZ) 2009					Page 2
Pa	art II-A Complete if the organize under section 501(h)).	ation is exem	pt under section	on 501(c)(3) and	filed Form 5768	(election
	Check ► ☐ If the filing organization Check ► ☐ if the filing organization				ons apply.	
		obbying Expend	ditures		(a) Filing organization's totals	(b) Affiliated group totals
1	Total lobbying expenditures to influence public opinion (grass roots lobbying)					
	If the amount on line 1e, column (a) or (b) Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000	20% of the a \$100,000 plus 0 \$175,000 plus	nontaxable amou mount on line 1e s 15% of the exces s 10% of the excess s 5% of the excess	s over \$500,000 s over \$1,000,000.		
1	g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a. If zero or less, enter -0- i Subtract line 1f from line 1c. If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?					☐ Yes ☐ No
	(Some organizations that	made a section	g Period Under S 501(h) election of ructions for lines		emplete all of the topage 4.)	five
	Lobby	ing Expenditure	es During 4-Year	Averaging Period	d	
	Calendar year (or fiscal year beginning ın)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2	a Lobbying nontaxable amount					
	b Lobbying ceiling amount (150% of line 2a, column (e))					
_	C Total lobbying expenditures					
_	d Grassroots nontaxable amount					
_	Grassroots ceiling amount (150% of line 2d, column (e))					
1	f Grassroots lobbying expenditures					

I GII	III-B Complete if the organization is exempt under section 501(c)(3) and has N (election under section 501(h)).			· <u> </u>
	•	(a)	(b)
`		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local			
	legislation, including any attempt to influence public opinion on a legislative matter or		ļ	
	referendum, through the use of:			
а	Volunteers?	V		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .	-		
С	Media advertisements?		*	
d	Mailings to members, legislators, or the public?		-	
е	Publications, or published or broadcast statements?		•	11,616
f	Grants to other organizations for lobbying purposes?	1		49,164
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		√	70,107
h :	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .		7	
:	Other activities? If "Yes," describe in Part IV			60,780
J 2a	Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		1	30,100
∠a b	If "Yes," enter the amount of any tax incurred under section 4912			
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912.			
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
	III-A Complete if the organization is exempt under section 501(c)(4), section 50)1(c)(5), oı	section
	501(c)(6).	-		Yes No
1	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?		٠	2
2 3	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		•	3
	III-B Complete if the organization is exempt under section 501(c)(4), section 50			
ı en	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III			
	"Yes."	1	4 1	
1	Dues, assessments and similar amounts from members		1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	tical		
а	Current year		2a	
b	Carryover from last year		2b	
С	Total		2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb	ying	_	
_	and political expenditure next year? Taxable amount of lebbung and political expenditures (see instructions)		4	
5	Taxable amount of lobbying and political expenditures (see instructions)		5	
Par				
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, I	ıne 5;	and f	Part II-B, line 1i.
	complete this part for any additional information. bying activities include:			
	y)g			•
Me	mbership dues/lobbying service to the American Small Manufacturers Coalition. The Coalit	ion ha	as a lo	bbving effort
• • • • •				
whic	h benefits its members.			
	#			
51	ff participated in the American Small Manufacturers Coalition's Hill Day, where centers and	small	man	uiacturers meet
with	legislators to discuss the program's benefits and funding needs.			
Us	ed an independent consultant for legislative consulting services, including lobbying activiti	es. Ti	he inc	lependent
				• • • • • • • • • • • • • • • • • • • •

Schedule C (For	990 or 990-EZ) 2009	age 4
Part IV	Supplemental Information (continued)	—
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SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047
2009
Open to Public

Department of the Treasury ▶ Attach to Form 990. ▶ See separate instructions. Inspection Internal Revenue Service Name of the organization Employer identification number Illinois Manufacturing Extension Center 1368934 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) . Aggregate value at end of year . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area ☐ Preservation of a certified historic structure Protection of natural habitat ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements . . . 2a 2b h 2c c Number of conservation easements on a certified historic structure included in (a) . . . d Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? . . Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section ∐ Yes 🗌 No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X .

Pane	

Par	rt III Organizations Maintain	ing Collections	of Art, Historic	al Treasures, o	r Other Similar	Assets (continued)
3	Using the organization's acquisition collection items (check all that appli		other records, ch	eck any of the fo	llowing that are a	significant use of its
a	Public exhibition			Loan or exchang		
b	Scholarly research		е 📙	Other		
C	☐ Preservation for future general	tions				
4	Provide a description of the organize Part XIV.	ation's collections	s and explain ho	w they further the	e organization's e	xempt purpose in
5	During the year, did the organization assets to be sold to raise funds rathe	solicit or receive de r than to be mainta	onations of art, hained as part of t	storical treasures, he organization's o	or other similar collection?	Yes No
Par	rt IV Escrow and Custodial A IV, line 9, or reported an				wered "Yes" to F	orm 990, Part
	Is the organization an agent, truster included on Form 990, Part X?				or other assets r	not Yes No
b	If "Yes," explain the arrangement in	Part XIV and cor	nplete the follow	ring table:		A
				-		Amount
С	Beginning balance		•		1c	
d	Additions during the year		•		1d	
е	Distributions during the year				1e	
f	Ending balance			L	1f	
b	Did the organization include an am If "Yes," explain the arrangement in	Part XIV				, ∐ Yes ∐ No
Par	rt V Endowment Funds. Co	mplete if the org	ganizatıon ansv	wered "Yes" to		
		(a) Current year	(b) Prior year	(c) Two years bac	k (d) Three years ba	ck (e) Four years back
1a	Beginning of year balance					
b	Contributions					
С	Net investment earnings, gains, and losses					
d	Grants or scholarships					
е	Other expenditures for facilities and programs			:		
f g	Administrative expenses End of year balance					
2	Provide the estimated percentage of	of the year end ba	lance held as			
а	Board designated or quasi-endown	nent 🕨	%			
b	Permanent endowment ▶	%				
С	Term endowment ▶ 9	6				
За	Are there endowment funds not in th	e possession of th	ne organization tl	nat are held and a	dministered for the	e
	organization by:	•	J			Yes No
	(i) unrelated organizations				. .	3a(i)
	(ii) related organizations .				. 	3a(ii)
b	If "Yes" to 3a(II), are the related org	anızatıons listed a	as required on S	chedule R?	. .	. 3b
4	Describe in Part XIV the intended u				. 	
Par	rt VI Investments—Land, Bu	uildings, and Eq	juipment. See	Form 990, Part	X, line 10.	
	Description of investment	(a) Cost or of (investment)		Cost or other Isis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land					
c	Leasehold improvements					
d	Equipment					
	al. Add lines 1a through 1e (Column (d)	must equal Form 9	90, Part X, colum	n (B), line 10(c).)		

Part VII Investments—Other Securities	s. See Form 990, Part X	(, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	ation arket value
Financial derivatives			
Closely-held equity interests			
Other			
			
		<u> </u>	
			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12)			
Part VIII Investments—Program Relate	d. See Form 990, Part >	(, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year m	
			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			········
Part IX Other Assets. See Form 990, Pa	rt X, line 15.	•	
	(a) Description		(b) Book value
	· · · · · · · · · · · · · · · · · · ·		
Total. (Column (b) must equal Form 990, Part X, col	(B) line 15)		
Part X Other Liabilities. See Form 990,	Part X, line 25.	-	
1. (a) Description of liability	(b) Amount		
Federal income taxes			
			
		\dashv	
		- 	
-			
	-	_	
		\neg	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)			

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

301100	allo 2 (1 d.m 656) 2005			
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial S	tat	em	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	-+-	3,969,292
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	-	4,523,933
` 3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		(554,641)
4	Net unrealized gains (losses) on investments	4	_	0
5	Donated services and use of facilities	_5		0
6	Investment expenses	6	_	0
7	Prior period adjustments	7		0
8	Other (Describe in Part XIV)	8		0
9	Total adjustments (net). Add lines 4 through 8	9		0
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		(554,641)
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenu	ie p	er	
1	Total revenue, gains, and other support per audited financial statements	F	1_	3,969,292
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	0		
b	Donated services and use of facilities	0		
С	Recoveries of prior year grants	0		
d	Other (Describe in Part XIV.)	0		_
е	Add lines 2a through 2d	-	2e	0
3	Subtract line 2e from line 1	F	3	3,969,292
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.			
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	0		
b	Other (Describe in Part XIV)	0		_
_C	Add lines 4a and 4b	F	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	3,969,292
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expen	ses	; pe	
1	Total expenses and losses per audited financial statements	F	1_	4,523,933
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	0		
b	Prior year adjustments	0		
С	Other losses	0		
d	Other (Describe in Part XIV.)	0		1
	Add lines 2a through 2d	}	<u>2e</u>	4 502 022
3	Subtract line 2e from line 1	-	3	4,523,933
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	0		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	0		
b	Other (Describe in Part XIV.)	-	4-	1
E C	Add lines 4a and 4b	H	<u>4c</u> 5	4 522 022
Dar	t XIV Supplemental Information		3	4,523,933
and	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2b; Part V, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d a part to provide any additional information.			

Schedule D (For	m 990) 2009	Page 5
Part XIV	Supplemental Information (continued)	
•		
•		

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part | General Information on Grants and Assistance

Illinois Manufacturing Extension Center

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No 1545-0047 2009

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

Open to Public Inspection Employer identification number

1368934

37

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	n records to subs	stantiate the amou	nt of the grants or as:	sistance, the grantees	s' eligibility for the gra	ints or assistance, ar	
the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	iward the grants of zation's procedure	or assistance? ss for monitoring the	he use of grant funds	in the United States.			✓ Yes □ No
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to	sistance to Gov	vernments and	Organizations in the	ne United States. C	complete if the orga	nization answered	"Yes" to
Form 990, Part IV, line 21, for any recipient that	21, for any rec	ipient that receiv	received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use	00. Check this box i	if no one recipient r	eceived more than	\$5,000. Use
Part IV and Schedule I-1 (Form 990) if additional space is needed	I-1 (Form 99U) II	r additional spac	e is needed				•
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Northern Illinois University							
Dekalb, IL 60115	36-6008480	State of Illinois	1,247,912				client services
Southern Illinois University Carbondale, IL 62901	37-6005961	State of Illinois	727,247				client services
Illinois State University Normal, IL 61790	37-6014070	State of Illinois	556,684				client services
Bradley University Peoria, IL 61625	37-0661494	501(c)3	242,332				client services
University of Illinois							
Champaign, IL 61820	37-6000511	State of Illinois	53,756				client services
	_						
2 Enter total number of section 501(c)(3) and government organ	11(c)(3) and govern	ment organizations					r.
3 Enter total number of other organizations	ganizations .						0

award document and all costs are allowable. (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. monthly expenditure report that identifies their expenditure of Illinois Manufacturing Extension Center (IMEC) funds for a particular month. The subrecipients also services to manufacturing and technology-related firms, and to related industries that impact such enterprises in the State of Illinois. The subrecipients submit a sign a certification statement that is part of the monthly expenditure report that states all outlays and unliquidated obligations are for the purpose set forth in the Additionally, the IMEC president and/or other leadership staff meet with designated subrecipient staff on a periodic basis and all subrecipients are required to Part 1, Line 2: The organization has subrecipients that assist in providing technical, management and financial assistance as well as consulting and training Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance Use Part IV and Schedule I-1 (Form 990) if additional space is needed (c) Amount of cash grant (b) Number of recipients provide IMEC independent audits of federal funding. (a) Type of grant or assistance Part IV Part III

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. OMB No 1545-0047 Open To Public Inspection

Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. 1 (a) Name of disqualified person (b) Description of transaction	Name of the organization Illinois Manufacturing Extension Cente	г					Employer identification numb						
(a) Name of disqualified person (b) Description of transaction Yes No Yes No	Part I Excess Benefit Transaction	s (section					zations o	only).	Part V				
2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (a) Name of interested person and purpose (b) Loan to or form the organization? To From To From To From To From Total Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (b) Balance due (c) Indefault (f) Approved by board or committee's part of commi	4 (a) b) d description source		(h) Description of transaction								(c) Corrected?		
under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization	(a) Name of disqualified person				(b) Description of transaction		1				Yes	No	
under section 4958 . S Enter the amount of tax, if any, on line 2, above, reimbursed by the organization			-										
under section 4958 . S Enter the amount of tax, if any, on line 2, above, reimbursed by the organization								-					
under section 4958 . S Enter the amount of tax, if any, on line 2, above, reimbursed by the organization							_			_			
Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (a) Name of interested person and purpose (b) Loan to or from the organization? To From Total Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (a) Name of interested person (b) Relationship between interested person and the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c Total Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (c) Amount and type of assistance organization further steed person of transaction interested person and the organization organization organization further steed person of transaction organization o		-		_				-	-	_			
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (a) Name of interested person and purpose (b) Loan to or from the organization? To From To From To From Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (a) Name of interested person (b) Relationship between interested person and the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (a) Name of interested person (b) Relationship between interested person and the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (a) Name of interested person (b) Relationship between interested person and the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (a) Name of interested person (b) Relationship between interested person and the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (c) Amount of transaction (d) Description of transaction (e) Shaning of organization organizat	3 Enter the amount of tax, if any, on li	ne 2, abo	ve, rein	nbursed by	the orga	nızatıon				▶ \$			-
the organization? To From Total Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (a) Name of interested person (b) Relationship between interested person and the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (a) Name of interested person (b) Relationship between interested person and the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (b) Relationship between interested person and the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (c) Amount of transaction for transaction organization o				on Form 99	0, Part I	V, line 26, (or Form 9	990-E	Z, Pa	rt V, I	ıne 38	3a.	-
Total	(a) Name of interested person and purpose			(-,		(d) Balan	ce due	(e) In (default?	by bo	ard or		
Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27 Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (a) Name of interested person (b) Relationship between interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (c) Amount and type of assistance organization (d) Description of transaction organization's revenues? Yes No (See Schedule O)		То	From					Yes	No	Yes	No	Yes	No
Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27 Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (a) Name of interested person (b) Relationship between interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (c) Amount and type of assistance organization (d) Description of transaction organization's revenues? Yes No (See Schedule O)				<u> </u>	-,								
Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27 Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (a) Name of interested person (b) Relationship between interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (c) Amount and type of assistance organization (d) Description of transaction organization's revenues? Yes No (See Schedule O)													
Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27 Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (a) Name of interested person (b) Relationship between interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (c) Amount and type of assistance organization (d) Description of transaction organization's revenues? Yes No (See Schedule O)									_				
Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27 Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (a) Name of interested person (b) Relationship between interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (c) Amount and type of assistance organization (d) Description of transaction organization's revenues? Yes No (See Schedule O)		-											
Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (a) Name of interested person (b) Relationship between interested person and the organization Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (a) Name of interested person (b) Relationship between interested Persons. (c) Amount and type of assistance organization (b) Relationship between interested Persons. (c) Amount of transaction (d) Description of transaction organization's revenues? Yes No (See Schedule O)					▶ \$			ser:t.		,			
(a) Name of interested person (b) Relationship between interested person and the organization (c) Amount and type of assistance (d) Amount and type of assistance Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (a) Name of interested person (b) Relationship between interested person and the organization organization (c) Amount and type of assistance (d) Description of transaction (e) Sharing of organization's revenues? Yes No (See Schedule O)					0. Part I	V. line 27							
Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (a) Name of interested person (b) Relationship between interested person and the organization organization forganization (c) Amount of transaction transaction (d) Description of transaction organization's revenues? Yes No (See Schedule O)		T		between inte	rested pers		(0) Amou	ınt and	type o	f assist	ance	
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Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of transaction (d) Description of transaction organization organization's revenues? Yes No (See Schedule O)													
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of transaction (d) Description of transaction organization organization's revenues? Yes No (See Schedule O)													
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(See Schedule O)	interested per		sted pers	on and the			escription of transaction				organization's		
	(See Schedule O)											Yes	No
	<u> </u>	Lease	d Emp	loyee		166,688	Compe	nsatio	on				/
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SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

Inspection

Employer identification number

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

► Attach to Form 990.

Open to Public

OMB No 1545-0047

1368934 Illinois Manufacturing Extension Center FORM 990, PART III, 4a A significant portion of the Illinois Manufacturing Extension Center's (IMEC) costs are incurred by IMEC's subrecipients that assist IMEC in transferring manufacturing technology to Illinois manufacturers. Of the \$2,827,931 in subrecipient expenditures, \$2,653,919 is classified as program service and \$174,012 is classified as general and administrative. **FORM 990, PART IV, 28c** IMEC provides services under contract to board member companies on a fee for service basis on the same terms as are generally offered to the public. None of the transactions reach the reporting threshold from the instructions for Schedule L and it is indicated as such in the schedules completed by IMEC. **FORM 990, PART V, 1a** Bradley University serves as the fiscal agent for IMEC. Per the instructions relating to reporting agents of the filing organization, the number reported on line 1a is the number of forms filed by the University for providers of services to IMEC. **FORM 990, PART V, 2a** Bradley University has been granted authority to perform the acts required under Section 3504, Chapters 21, 22, 24 and/or 25 of Subtitle C of the Internal Revenue Code on behalf of IMEC. Bradley University has also been granted authority to perform the acts required under Revenue Procedure 84-33 with regard to backup witholding on behalf of IMEC. Since December 2005, IMEC has utilized ADP payroll services only for supplemental compensation for staff contracted to IMEC. IMEC staff's primary compensation is received as employees of host organizations that are IMEC subrecipients/contractors

Schedule O (Form 990) 2009			Page 2
Name of the organization Illinois Manufacturing Extens	ion Center		Employer identification number 37 1368934
FORM 990, PART VI, 9			
Names and addresses of boa	rd members who cannot be	reached at IMEC's mailing a	ddress:
Carlton Adams	Allen Henning	Andy Rector	James Tarabori
Caterpillar, Inc.	123 Kramer Road	ACC Electronix, Inc.	5418 W. Fieldstone Drive
P.O. Box 610	Avon, IL 61415	420 Wylie Drive	Peoria, IL 61615
Mossville, IL 61552		Normal, IL 61761	
Brad Albrecht	Richard Louis	Dan Schueller	Debra Voges-Schneider
Budnick Converting, Inc.	Turner Electric Corp.	Vactor Manufacturing	Roesch, Inc.
P.O. Box 197	131 Enterprise Drive	1621 S. Illinois St.	100 N. 24th Street
Columbia, IL 62236	Edwardsville, IL 62025	Streator, IL 61364	Belleville, IL 62222
Alec Alessandra	Mark Lundstrom	Joe Shiver	Mary Cay Westphal
Deere and Company	2425 Clinton Road	Hamilton Sundstrand	Shamrock Plastics
3400 80th Street	Rockford, IL 61103	4747 Harrison Ave.	P.O. Box 3530
Moline, IL 61265		Rockford, IL 61108	Peoria, IL 61612
Matt Carroll	Lach Perks	Reginald Smidt	Ed Wolbert
Black Brothers Co.	Eclipse, Inc.	Iron-A-Way	Transco Products, Inc.
P.O. Box 410	1665 Elmwood Road	220 W. Jackson	55 E. Jackson Blvd., Suite 2100
Mendota, IL 61342	Rockford, IL 61103	Morton, IL 61550	Chicago, IL 60604-4166
John Eash	Fred Pipin	Vince Tappel	
The Boeing Company	2323 W. Pershing Rd	The Boeing Company	
P.O. Box 516, MC S100-3240	Unit 418	P.O. Box 516, MCS10	6-4400
St. Louis, MO 63166-0516	Chicago, IL 60609	St. Louis, MO	

Name of the organization	Employer identification number
Illinois Manufacturing Extension Center	37 1368934
FORM 990, PART VI, 11A	
The form is prepared by IMEC's fiscal agent in collaboration with the IMEC president and	vice-president for finance. A
draft is reviewed by the fiscal agent's assistant controller and the IMEC president and vic	e-president for finance. When the
final draft is completed, it is distributed to board members for their review prior to submis	ssion.
FORM 990, PART VI, 12c	
IMEC's Conflict of Interest Policy is published in IMEC's Operations Manual. Employees a	are required to annually
acknowledge their receipt of the policy as well as their understanding of and agreement to	o comply with the policy. When
IMEC becomes aware of a potential conflict of interest, IMEC follows the process as desc	ribed in its policy.
FORM 990, PART VI, 15a and 15b	
Compensation for IMEC's president is established by IMEC's board of directors' personne	el committee and approved by the
full board. The board reviews data gathered from comparable organizations in setting sa	lary. IMEC's president
establishes the salaries for other employees. In setting salary levels, the president utilize	s board input as well as
independent salary survey data for comparable job responsibilities.	
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FORM 990, PART VI, 19	
IMEC's governing documents, conflict of interest policy and financial statements are available.	lable to the public upon request.
FORM 990, PART IX, 24c	
A significant portion of IMEC's costs are incurred by IMEC's subrecipients that assist in t	ransferring manufacturing
technology to Illinois manufacturers. Of the \$2,827,931 in subrecipient expenditures, \$2,6	553,919 is classified as program
service and \$174,012 is classified as general and administrative.	·
SCHEDULE L, PART IV	
Robert Weinstein is employed by Bradley University (IMEC's fiscal agent) and is leased to	o IMEC. Bradley University
compensates Mr. Weinstein and IMEC is invoiced for his compensation through a contract	ctual arrangement between the
two entities. Other personnel leased to IMEC do not meet the threshold noted in the instr	uctions.