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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

# Short Form
# Return of Organization Exempt From Income Tax

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

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than $200,000 and total assets less than $500,000 at the end of the year may use this form

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

OMB No 1545 1150

**2010**

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning , 2010, and ending

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

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

D Employer identification number
37-6046627

E Telephone number
(309) 829-9000

F Group Exemption Number ►

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

I **Website:** ► N/A

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

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

K Check ► [ ] if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ► $ 58,001.

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I [X]

| | | | | |
|---|---|---|---|---|
| REVENUE | 1 | Contributions, gifts, grants, and similar amounts received | 1 | 57,626. |
| | 2 | Program service revenue including government fees and contracts | 2 | |
| | 3 | Membership dues and assessments | 3 | |
| | 4 | Investment income | 4 | 375. |
| | 5a | Gross amount from sale of assets other than inventory — 5a | | |
| | b | Less. cost or other basis and sales expenses — 5b | | |
| | c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | |
| | 6 | Gaming and fundraising events | | |
| | a | Gross income from gaming (attach Schedule G if greater than $15,000) — 6a | | |
| | b | Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000) — 6b | | |
| | c | Less: direct expenses from gaming and fundraising events — 6c | | |
| | d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | |
| | 7a | Gross sales of inventory, less returns and allowances — 7a | | |
| | b | Less: cost of goods sold — 7b | | |
| | c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | |
| | 8 | Other revenue (describe in Schedule O) | 8 | |
| | 9 | **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ► | 9 | 58,001. |
| EXPENSES | 10 | Grants and similar amounts paid (list in Schedule O) See Schedule O | 10 | 56,313. |
| | 11 | Benefits paid to or for members | 11 | |
| | 12 | Salaries, other compensation, and employee benefits | 12 | |
| | 13 | Professional fees and other payments to independent contractors | 13 | 1,840. |
| | 14 | Occupancy, rent, utilities, and maintenance | 14 | |
| | 15 | Printing, publications, postage, and shipping | 15 | 2,688. |
| | 16 | Other expenses (describe in Schedule O) See Schedule O | 16 | 15. |
| | 17 | **Total expenses.** Add lines 10 through 16 ► | 17 | 60,856. |
| NET ASSETS | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | -2,855. |
| | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | 55,159. |
| | 20 | Other changes in net assets or fund balances (explain in Schedule O) | 20 | |
| | 21 | Net assets or fund balances at end of year Combine lines 18 through 20 ► | 21 | 52,304. |

**Part II Balance Sheets.** (see the instructions for Part II.)
Check if the organization used Schedule O to respond to any question in this Part II ☐

| | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|
| 22 | Cash, savings, and investments | 55,159. | 22 | 52,304. |
| 23 | Land and buildings | | 23 | |
| 24 | Other assets (describe in Schedule O) | | 24 | |
| 25 | **Total assets** | 55,159. | 25 | 52,304. |
| 26 | **Total liabilities** (describe in Schedule O) | 0. | 26 | 0. |
| 27 | **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21) | 55,159. | 27 | 52,304. |

**Part III Statement of Program Service Accomplishments** (see the instrs for Part III.)
Check if the organization used Schedule O to respond to any question in this Part III [X]

What is the organization's primary exempt purpose? See Schedule O

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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

28 PURCHASED BLANKETS FOR PATIENTS IN CENTRAL ILLINOIS NURSING HOMES AND OTHER NEEDY FAMILIES.

(Grants $ ) If this amount includes foreign grants, check here ► ☐ 28a 32,001.

29 See Schedule O

(Grants $ ) If this amount includes foreign grants, check here ► ☐ 29a 22,812.

30 PURCHASED 60 GIFT CERTIFICATES FOR NEEDY CHILDREN FROM THE BOYS AND GIRLS CLUB. AVERAGE COST PER RECIPIENT WAS $25.

(Grants $ ) If this amount includes foreign grants, check here ► ☐ 30a 1,500.

31 Other program services (describe in Schedule O)
(Grants $ ) If this amount includes foreign grants, check here ► ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ► 32 56,313.

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV ☐

| (a) Name and address | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-.) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account and other allowances |
|---|---|---|---|---|
| BARRY WINTERLAND<br>301 W. WASHINGTON<br>BLOOMINGTON, IL 61701 | Trustee<br>2.00 | 0. | 0. | 0. |
| MARK PICKERING<br>301 W. WASHINGTON<br>BLOOMINGTON, IL 61701 | Trustee<br>2.00 | 0. | 0. | 0. |
| JULIE GERKE<br>301 W. WASHINGTON<br>BLOOMINGTON, IL 61701 | Trustee<br>2.00 | 0. | 0. | 0. |
| RICHARD JOHNSTON<br>301 W. WASHINGTON<br>BLOOMINGTON, IL 61701 | Trustee<br>2.00 | 0. | 0. | 0. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Part V Other Information** (Note the statement requirements in the instructions for Part V.) See Schedule O

Check if the organization used Schedule O to respond to any question in this Part V [X]

| | | | Yes | No |
|---|---|---|---|---|
| 33 | Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O | 33 | | X |
| 34 | Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) | 34 | | X |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T | | | |
| a | Did the organization have unrelated business gross income of $1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? | 35a | | X |
| b | If 'Yes,' has it filed a tax return on **Form 990-T** for this year (see instructions)? | 35b | | |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N | 36 | | X |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0. | | | |
| b | Did the organization file **Form 1120-POL** for this year? | 37b | | X |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | | X |
| b | If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A | | | |
| 39 | Section 501(c)(7) organizations. Enter: | | | |
| a | Initiation fees and capital contributions included on line 9 39a N/A | | | |
| b | Gross receipts, included on line 9, for public use of club facilities 39b N/A | | | |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► 0., section 4912 ► 0., section 4955 ► 0. | | | |
| b | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I | 40b | | X |
| c | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0. | | | |
| d | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► 0. | | | |
| e | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T | 40e | | X |

41 List the states with which a copy of this return is filed ► None

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

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

| | | | Yes | No |
|---|---|---|---|---|
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: ► | 42b | | X |
| | See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.** | | | |
| c | At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ► | 42c | | X |

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here ► [ ] N/A and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 N/A

| | | | Yes | No |
|---|---|---|---|---|
| 44a | Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ | 44a | | X |
| b | Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ | 44b | | X |
| c | Did the organization receive any payments for indoor tanning services during the year? | 44c | | X |
| d | If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O* | 44d | | |

| | | Yes | No |
|---|---|---|---|
| 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? | 45 | | X |
| a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see inst ) | 45a | | X |
| 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I | 46 | | X |

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

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

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter 'None.'

| (a) Name and address of each employee paid more than $100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account and other allowances |
|---|---|---|---|---|
| None | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter 'None '

| (a) Name and address of each independent contractor paid more than $100,000 | (b) Type of service | (c) Compensation |
|---|---|---|
| None | | |
| | | |
| | | |
| | | |
| | | |

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

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . ► [X] Yes ☐ No

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

**Sign Here**

► Signature of officer — 5-11-11 Date

► Barry Winterland, Trustee Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check [X] if self-employed | PTIN |
|---|---|---|---|---|
| Mary Ann Webb | Mary Ann Webb | 5/10/11 | | P00015638 |

Firm's name ► SULASKI AND WEBB, CPAS

Firm's address ► 207 W. Jefferson, Ste. 203, Bloomington, IL 61701

Firm's EIN ► 37-1142100

Phone no (309) 828-6071

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Public Charity Status and Public Support

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

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

OMB No 1545 0047

**2010**

Open to Public Inspection

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

h Provide the following information about the supported organization(s)

| | (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1 9 above or IRC section (see instructions)) | (iv) Is the organization in column (i) listed in your governing document? Yes | (iv) No | (v) Did you notify the organization in column (i) of your support? Yes | (v) No | (vi) Is the organization in column (i) organized in the U S ? Yes | (vi) No | (vii) Amount of support |
|---|---|---|---|---|---|---|---|---|---|---|
| (A) | | | | | | | | | | |
| (B) | | | | | | | | | | |
| (C) | | | | | | | | | | |
| (D) | | | | | | | | | | |
| (E) | | | | | | | | | | |
| Total | | | | | | | | | | |

## Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III )

### Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants.') | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 **Total.** Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 **Public support.** Subtract line 5 from line 4 | | | | | | |

### Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 11 **Total support.** Add lines 7 through 10 | | | | | | |

12 Gross receipts from related activities, etc (see instructions) . . 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

### Section C. Computation of Public Support Percentage

| | | |
|---|---|---|
| 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . | 14 | % |
| 15 Public support percentage from 2009 Schedule A, Part II, line 14 . | 15 | % |

16a **33-1/3% support test — 2010.** If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . ► ☐

b **33-1/3% support test — 2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

17a **10%-facts-and-circumstances test — 2010.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization . ► ☐

b **10%-facts-and-circumstances test — 2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ► ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

### Section A. Public Support

| Calendar year (or fiscal yr beginning in) ► | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.') | 54,283. | 50,898. | 52,298. | 64,718. | 57,626. | 279,823. |
| 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 | | | | | | 0. |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | 0. |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0. |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0. |
| 6 **Total.** Add lines 1 through 5 | 54,283. | 50,898. | 52,298. | 64,718. | 57,626. | 279,823. |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | 0. | 0. | 0. | 0. | 0. | 0. |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year | 0. | 0. | 0. | 0. | 0. | 0. |
| c Add lines 7a and 7b | 0. | 0. | 0. | 0. | 0. | 0. |
| 8 **Public support** (Subtract line 7c from line 6.) | | | | | | 279,823. |

### Section B. Total Support

| Calendar year (or fiscal yr beginning in) ► | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6 | 54,283. | 50,898. | 52,298. | 64,718. | 57,626. | 279,823. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 1,501. | 1,982. | 1,335. | 740. | 375. | 5,933. |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | 0. |
| c Add lines 10a and 10b | 1,501. | 1,982. | 1,335. | 740. | 375. | 5,933. |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | 0. |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | 0. |
| 13 **Total support.** (Add lns 9, 10c, 11, and 12.) | 55,784. | 52,880. | 53,633. | 65,458. | 58,001. | 285,756. |

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

### Section C. Computation of Public Support Percentage

| | | |
|---|---|---|
| 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) | 15 | 97.9 % |
| 16 Public support percentage from 2009 Schedule A, Part III, line 15 | 16 | 97.8 % |

### Section D. Computation of Investment Income Percentage

| | | |
|---|---|---|
| 17 Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f)) | 17 | 2.1 % |
| 18 Investment income percentage from **2009** Schedule A, Part III, line 17 | 18 | 2.2 % |

19a **33-1/3% support tests — 2010.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☒

b **33-1/3% support tests — 2009.** 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 ► ☐

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.

OMB No 1545 0047

**2010**

Open to Public Inspection

Name of the organization
PANTAGRAPH GOODFELLOW FUND

Employer identification number
37-6046627

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

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

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

PURCHASED FOOD BASKETS, BLANKETS, AND GROCERY STORE GIFT CERTIFICATES FOR 148 NEEDY FAMILIES IN CENTRAL ILLINOIS. THE NAMES & ADDRESSES OF THE RECIPIENTS, BROKEN DOWN BY WHAT GOODS WERE RECEIVED, IS ATTACHED.

**Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts**

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

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

**Form 990-EZ, Part I, Line 10**
**Grants and Similar Amounts Paid In Excess of $5,000**

| | | |
|---|---|---|
| Donee's Name: | NEEDY FAMILY GIFTS | |
| Donee's Address: | SEE ATTACHED | |
| Description of Property: | FOOD BASKETS | |
| Book Value: | 11,362. | |
| Method Used to Determine BV: | PURCHASE PRICE | |
| Fair Market Value: | | $ 11,362. |
| Method Used to Determine FMV: | PURCHASE PRICE | |
| Donee's Name: | NEEDY FAMILY GIFTS | |
| Donee's Address: | SEE ATTACHED | |
| Description of Property: | GIFT CERTIFICATES | |
| Book Value: | 11,450. | |
| Method Used to Determine BV: | PURCHASE PRICE | |
| Fair Market Value: | | 11,450. |
| Method Used to Determine FMV: | PURCHASE PRICE | |
| Donee's Name: | NURSING HOME RESIDENTS & NEEDY FAMILIES | |
| Description of Property: | BLANKETS | |
| Book Value: | 32,001. | |
| Method Used to Determine BV: | PURCHASE PRICE | |
| Fair Market Value: | | 32,001. |
| Method Used to Determine FMV: | PURCHASE PRICE | |

**Form 990-EZ, Part I, Line 16**
**Other Expenses**

| | |
|---|---|
| MISCELLANEOUS | $ 15. |
| Total | $ 15. |

| Agency providing name | Recipient First | Recipient Last | and | Recipient #2 First | Recipient #2 Last | Number of family members | Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|---|---|
| Salvation Army | Jeffrey | Adams | | | | 2 | 3415 Yucca Dr | Bloomington | IL | 61704 |
| St Mary's | Melecio | Alvarez | and | Dimitria | Alvarez | 6 | 1245 Holiday Dr | Bloomington | IL | 61704 |
| PATH | Thomas | Ayers | | | | 1 | 104 E Wood St. Apt. 911 | Bloomington | IL | 61701 |
| Project Oz | Danisha | Beard | | | | 3 | 701 Turnberry Apt. B | Bloomington | IL | 61701 |
| St Mary's | Sarah | Bischoff | | | | 4 | 471 Valley View Cir | Bloomington | IL | 61705 |
| Salvation Army | Daniel | Boltnott | and | Debra | Boltnott | 3 | 1644 W Olive | Bloomington | IL | 61701 |
| Salvation Army | Randall | Bradley | | | | 2 | 3413 Eucalyptus | Bloomington | IL | 61705 |
| Home Sweet Home | Beulla | Brown | | | | 5 | PO Box 1011 | Bloomington | IL | 61701 |
| Project Oz | Tamerlo | Bryant | | | | 1 | 101 College Park Ct. #5 | Normal | IL | 61761 |
| PATH | Crystal | Butler | | | | 4 | 704 N. Golfcrest Rd Unit D | Normal | IL | 61761 |
| Project Oz | Zinobia | Cavin | | | | 2 | 2408 Rainbow Ave. | Bloomington | IL | 61701 |
| Home Sweet Home | Rita | Cheeks | | | | 2 | 710 Orlanda Apt. 7H | Normal | IL | 61761 |
| Salvation Army | Richard | Choiniere | and | Marion | Choiniere | 4 | 1309 W Market | Bloomington | IL | 61701 |
| PATH | Phyllis | Davidson | | | | 2 | 1222 W. Seminary Ave | Bloomington | IL | 61701 |
| Home Sweet Home | LaWanda | Davis | | | | 3 | 208 Lindell Dr | Normal | IL | 61761 |
| St Mary's | Rafael | Diaz | and | Noelia | Diaz | 8 | 3 Fuller Ct. | Bloomington | IL | 61705 |
| Salvation Army | Winston | Dillon | | | | 5 | 1728 W Olive St. | Bloomington | IL | 61701 |
| Salvation Army | Jon | D'Laughlin | | | | 3 | 1907 Tracy Dr #10 | Bloomington | IL | 61704 |
| Salvation Army | Joyce | Dwiggins | and | Barb | Stranguna | 4 | 2 Trailside Ct. | Bloomington | IL | 61701 |
| St Mary's | Shenon | Eutsey c/o Mark Csanda, St. Mary's School | | | | 4 | 603 W Jackson | Bloomington | IL | 61701 |
| Project Oz | Lindsey | Felts | | | | 1 | 1915 Tracy Drive #3 | Bloomington | IL | 61701 |
| called in | Donna | Frank | | | | | 456 Valley View Circle | Bloomington | IL | 61701 |
| Project Oz | Cyntrina | Franklin | | | | 1 | 601 Bradley Apt. B2 | Bloomington | IL | 61701 |
| Salvation Army | Sandra | Freeman | | | | 1 | 8 Basil Way #3 | Bloomington | IL | 61704 |
| St Mary's | Lorena | Garcia | | | | 3 | 302 N Robinson Apt. #2 | Bloomington | IL | 61701 |
| Salvation Army | Stephanie | Gibson | | | | 3 | 327 Firetree Rd. | Bloomington | IL | 61705 |
| Salvation Army | Dustin | Gilliam | and | Mary | Gilliam | 2 | 502 Commercial | Chenoa | IL | 61726 |
| St Mary's | Jose | Gonzalez | and | Teresa | Gonzalez | 8 | 330 Firetree Rd | Bloomington | IL | 61705 |
| PATH | Doug | Graves | | | | 1 | 1210 W Seminary Rd | Bloomington | IL | 61701 |
| Childrens Foundation | Mae | Grayson | | | | 7 | 330 E Wood | Bloomington | IL | 61701 |
| Salvation Army | Steven | Griffin | and | Jeanie | Griffin | 2 | 509 E. Olive St. #1 | Bloomington | IL | 61701 |
| Project Oz | Tatiana | Gunn | | | | 2 | 1901 Tracy Drive #9 | Bloomington | IL | 61701 |
| Home Sweet Home | Diana | Harkness | | | | 3 | 813 E Jefferson St. #2 | Bloomington | IL | 61701 |
| Salvation Army | Kevin | Harsha | | | | | 317 E. Locust | Bloomington | IL | 61701 |
| PATH | Sheryl | Hartley | | | | 1 | 502 W Wood St. Apt. 4 | Bloomington | IL | 61701 |
| Project Oz | Tracy | Hightower | | | | 2 | 215 E Douglas 3rd floor | Bloomington | IL | 61701 |
| Salvation Army | Rolando | Hinojosa | and | Josefina | Ramirez | 2 | 852 5th St. | Normal | IL | 61761 |
| Home Sweet Home | Ashley | Hollingsworth | | | | 3 | 813 E. Jefferson St. #1 | Bloomington | IL | 61701 |
| PATH | Evelyn | Howard | | | | 2 | 1403 N Morris Ave | Bloomington | IL | 61701 |
| called in | Tracie | Jackson | | | | | 801 Turnberry Apt. A | Bloomington | IL | 61701 |
| St Mary's | Lareese | Jeffries | | | | 3 | 922 W Olive St. | Bloomington | IL | 61701 |
| St Mary's | Vazquez | Juan | and | Josefina | Vazquez | 7 | 901 3rd St. | Normal | IL | 61761 |
| PATH | John | Keich | and | Lillian | Keich | 3 | 201 E. Wood St. | Bloomington | IL | 61701 |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Terri's friend | Alice | Kendall | | | | | | Wood Hill Towers | Bloomington | IL | 61701 |
| Salvation Army | Eva | Lasley | | | | | 2 | 308 S Madison St. | Bloomington | IL | 61704 |
| PATH | Tina | Love | | | | | 4 | 1215 Omega St. | Bloomington | IL | 61701 |
| Salvation Army | Judy | Lyons | | | | | 3 | 405 N Catherine St. | Bloomington | IL | 61701 |
| Project Oz | Tanella | Mahoney | | | | | 2 | 1907 Tracy Drive #3 | Bloomington | IL | 61701 |
| Salvation Army | Elizabeth | Maldonado | | | | | 4 | 1529 C St. | Normal | IL | 61761 |
| Project Oz | Talynn | Matthews | | | | | 1 | 1211 Orchard #3 | Bloomington | IL | 61701 |
| Project Oz | Deana | Mooney | | | | | 3 | 1514 Dustin Apt. 1 | Normal | IL | 61761 |
| Salvation Army | Nikoll | Morales | and | Gloria | | | 2 | 2012 E Empire #7 | Bloomington | IL | 61704 |
| called in | Holly | Morris | | | | | | 916 W. Olive | Bloomington | IL | 61701 |
| called in | Stephanie | Morris | | | | | | 1216 Major Apt. 6 | Normal | IL | 61761 |
| Project Oz | Amber | Mounce | | | | | 3 | 1915 Tracy Drive #10 | Bloomington | IL | 61701 |
| Home Sweet Home | Jamera | Nichol | | | | | 5 | 610 S Linden St. | Normal | IL | 61761 |
| Salvation Army | Maria | Nieves-Bustamante | | | | | 3 | 1619 Iowa St. | Bloomington | IL | 61701 |
| PATH | Maurita | Orendorff | | | | | 2 | 707 Lara Rd. | Normal | IL | 61761 |
| Salvation Army | Michelle | Owens | | | | | 2 | 1426 W Market | Bloomington | IL | 61701 |
| St Mary's | Dan | Poncin | and | Jennifer | Poncin | | 7 | 122 Cheltenham Dr | Normal | IL | 61761 |
| PATH | Rebecca | Pree-James | | | | | 5 | 1450 E College Ave. Apt. 1 | Normal | IL | 61761 |
| email | Jennifer | Prewitt | | | | | 5 | 1105 1/2 N Clinton | Bloomington | IL | 61701 |
| PATH | Bryan | Prochnow | and | Abbi | Prochnow | | 5 | 1448 E College Ave Apt. 3 | Normal | IL | 61761 |
| PATH | Margaret | Saxton | | | | | 3 | 305 Firetree Rd Meadows | Bloomington | IL | 61704 |
| Project Oz | Nora | Shelton | | | | | 3 | 201 Davis #3 | Bloomington | IL | 61701 |
| PATH | Nancy | Shempert | | | | | 1 | 202 Locust Apt. 201 | Bloomington | IL | 61701 |
| Home Sweet Home | Erica | Sims | | | | | 3 | 314 S Allen Apt. B | Bloomington | IL | 61701 |
| Salvation Army | Nicole | Siscoe | | | | | 4 | 1104 S Center St. | Bloomington | IL | 61701 |
| called in | Heather | Smith | | | | | | 300 N Jefferson St, PO Box | Danvers | IL | 61732 |
| PATH | Shanda | Smith | | | | | 7 | 903 W Grove St. Apt. 3 | Bloomington | IL | 61701 |
| Salvation Army | Patrick | Stephen | and | Eva | Stephen | | 5 | 824 W Jefferson St. | Bloomington | IL | 61701 |
| PATH | Hazel | Terven | | | | | 4 | 905 S Lee St. | Bloomington | IL | 61701 |
| Project Oz | Velma | Thompson | | | | | 2 | 107 College Park Ct. | Normal | IL | 61761 |
| Project Oz | VonShawn | Tolliver | | | | | 2 | 1227 Orchard Rd #1 | Bloomington | IL | 61701 |
| St Mary's | Maria | Torres | | | | | 6 | 1717 Bunn St. | Bloomington | IL | 61701 |
| PATH | Renee | Vaughn | | | | | 3 | 4 Rainbow Circle #1 | Bloomington | IL | 61704 |
| St Mary's | Jose | Venegas | and | Juana | Venegas | | 4 | 3421 Eucalyptus St. | Bloomington | IL | 61705 |
| St Mary's | Santoyo | Vincente | and | Monica | Santoyo | | 6 | 1810 Illinois St. | Bloomington | IL | 61701 |
| Salvation Army | Ronald | Warmoth | | | | | 3 | 805 E Olive Apt. #1 | Bloomington | IL | 61701 |
| PATH | Edith | West | | | | | 3 | 1619 R.T Dunn Apt. 301 | Bloomington | IL | 61701 |
| PATH | Lori | White | and | Phil | White | | 3 | 101 S McLean Apt. A | Bloomington | IL | 61701 |
| Salvation Army | Margaret | White | | | | | 2 | 710 Orlando Apt. #5K | Normal | IL | 61761 |
| Salvation Army | Rebecca | Wildermuth | | | | | 3 | 301 E Willow St. | Normal | IL | 61761 |
| Project Oz | Niesha | Williams | | | | | 2 | 309 Riley Apt. 15 | Bloomington | IL | 61701 |
| Home Sweet Home | Renee | Williams | | | | | 1 | 101 E. MacArthur #907 | Bloomington | IL | 61701 |
| Salvation Army | Joseph | Wilson | and | Shena | Chalupa | | 2 | 611 W Monroe #2 | Bloomington | IL | 61701 |
| St Mary's | Patricia | Zvonar | | | | | 2 | 218 Garden Rd | Normal | IL | 61761 |

| Agency providing name | Recipient First | Recipient Last | and | Recipient #2 First | Recipient #2 Last | Number of family members | Address 1 | City | State | Zip |
|---|---|---|---|---|---|---|---|---|---|---|
| Mid Central Community Action | Beatrice | Bronson | and | Lori | Frechette | 9 | 868 S. Locust St | Pontiac | IL | 61764 |
| Livingston County Housing Authority-Chatsworth | Karley | Morris | and | Daniel | Gotsch | 3 | PO Box 303 #4 Reni C | Chatsworth | IL | 60921 |
| Mid Central Community Action | Carla | Mays | and | Steve | Prince | 4 | 1405 N Aurora Apt 1E | Pontiac | IL | 61764 |
| Livingston County Housing Authority-Pontiac | Richard | Riddle | and | Paris | Riddle | 4 | 903 W North St 13C | Pontiac | IL | 61764 |
| Livingston County Housing Authority-Pontiac | Annetta | Fehr | | | | 5 | #16 Myers Dr. | Pontiac | IL | 61764 |
| Tazewell Woodford Head Start | Cecil | Fouts | | | | 4 | 1608 Saratoga | Pekin | IL | 61554 |
| DCFS-Lincoln | David | Hoerr | | | | 3 | 51 Coachlight Village | Mason City | IL | 62664 |
| Home Sweet Home | Ella | Richards | | | | 3 | 409 W Warren St | LeRoy | IL | 61752 |
| Mid Central Community Action | Frank | Street | | | | 1 | 108 N Franklin Apt B | Dwight | IL | 60420 |
| Mid Central Community Action | Helen | Gaydos | | | | 1 | 317 W Livingston Rd | S Streator | IL | 61364 |
| Livingston County Housing Authority-Chatsworth | Jeanne | Tauberschmidt | | | | 5 | PO Box 111 | Chatsworth | IL | 60921 |
| Call in by sister in law Pearl Neal Does not drive Hu | Jeannette | Frank | | | | 2 | 105 Morris Apt 11 | Lexington | IL | 61753 |
| DHS IL Dept Family Services | Jennifa | Dix | | | | 3 | 412 N Guthrie | Gibson City | IL | 60936 |
| DCFS-Lincoln | Jerilee | Gaddis | | | | 4 | 221 W. Jefferson St | Mt. Pulaski | IL | 62548 |
| Tazewell Woodford Head Start | Jessica | Hinshaw | | | | 3 | 1215 Florence Ave Ap | Pekin | IL | 61554 |
| DHS IL Dept Family Services | Jessica | Williams | | | | 2 | 630 N State St | Gibson City | IL | 60936 |
| Mid Central Community Action | John | Salinas | | | | 3 | 110 E Pinckney St | Pontiac | IL | 61764 |
| Mid Central Community Action | Karen | Baily | | | | 7 | 307 W Prairie | Pontiac | IL | 61764 |
| Mid Central Community Action | Katherine | Daugherity | | | | 5 | 805 Deerfield Rd. Apt. | Pontiac | IL | 61764 |
| Mid Central Community Action | Kathryn | Grieder | | | | 1 | 208 W. Locust St | Chatsworth | IL | 60921 |
| Tazewell Woodford Head Start | Malia | Schoch | | | | 8 | 116 W Fisk | Goodfield | IL | 61742 |
| email | Marguerite | Davis | | | | 3 | 704 E. Timber | Pontiac | IL | 61764 |
| Mid Central Community Action | Megan | Miller | | | | 2 | 7 Myers Court | Pontiac | IL | 61764 |
| DHS IL Dept Family Services | Mrs | Delahr | | | | 3 | 208 W. High St | Sibley | IL | 61773 |
| Livingston County Housing Authority-Chatsworth | Patricia | Meegan | | | | 3 | PO Box 23 #6 Reni Ct | Chatsworth | IL | 60921 |
| Livingston County Housing Authority-Pontiac | Thyna | Jackson | | | | 4 | 903 W. North St 6 BM | Pontiac | IL | 61764 |
| DCFS-Lincoln | Tonia | Morrell | | | | 3 | 1021 N 5th St | Petersburg | IL | 62675 |

| Recipient First | Recipient Last | Address 1 | City | State | Zip | Phone |
|---|---|---|---|---|---|---|
| Catherine | Allen | 504 Marlin Dr Southgate Est | Bloomington | IL | 61704 | 808-0134 |
| Thomas | Craig | #20 Harry Drive Grandview E | Bloomington | IL | 61701 | 414-467-0904 |
| Albert | Crawford | 816 W Jefferson Apt. #2 | Bloomington | IL | 61701 | 827-5490 |
| Jack | Day | 239 Robinhood Way Apt 2 | Bloomington | IL | 61701 | 262-9947 |
| Ruth | Durham | 710 W Orlando Apt 1D | Normal | IL | 61761 | 888-5951 |
| Jack | Eastock | 2408 21st St Southgate Esta | Bloomington | IL | 61704 | 217-597-6092 |
| Wesley | Fleming | 614 W. Monroe | Bloomington | IL | 61701 | |
| Paul | Franklin | #59 Ronald Dr Greenwood T | Bloomington | IL | 61704 | 829-3579 |
| Robert | Groucock | 710 W Orlando Apt 1B | Normal | IL | 61761 | 750-5626 |
| Jillian | Kelch | 201 E Wood St | Bloomington | IL | 61701 | 827-2720 |
| Joyce | Neal | 512 W. Kelsey | Bloomington | IL | 61701 | 531-4498 |
| Brian | Nunn | 1522 N. Clinton Blvd | Bloomington | IL | 61701 | 530-919-0222 |
| Sylvia | Ohrwall | 106 Donnie Drive Apt 2 | Bloomington | IL | 61704 | 532-3862 |
| Jane | Smith | #10 Canada Lane | Bloomington | IL | 61701 | 827-7510 |
| John | Spence | 1301 1/2 North Hershey Rd. | Bloomington | IL | 61704 | 808-0021 |
| Wiley | Spiecker | 1212 N Oak | Bloomington | IL | 61701 | 828-3014 |
| Fred | Troy | 539 Del Vista Dr. Southgate | Bloomington | IL | 61704 | 830-1640 |
| Walter | Walls | 1215 W Olive | Bloomington | IL | 61701 | 827-8637 |
| Mary | Weatherley | 403 W. Kelsey | Bloomington | IL | 61701 | 828-0473 |
| Henry | Wunders | 404 E. Jackson | Bloomington | IL | 61701 | 827-7063 |

| Agency providing name | | Recipient First | Recipient Last | | Recipient #2 First | Recipient #2 Last | Number of family members | Address 1 | City | State | Zip |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Called in | | Dan | Rankin | and | Christina | Gibson | | 823 E. Market | Bloomington | IL | 61701 |
| Called in | | Griffin | Rose | | | | | 2205 Todd Drive | Bloomington | IL | 61704 |
| Called in | | Cabrera | Michelle | | | | | 916 N. Roosevelt | Bloomington | IL | 61701 |
| Called in | | Earl | Tricia | | | | | 212 College Pk. Drive | Normal | IL | 61761 |
| Called in | | Kelly | Elaine | | | | | 809 W. Monroe | Bloomington | IL | 61701 |
| Called in | | Spray | Brandi | | | | | 118 1/2 E. Center | LeRoy | IL | 61752 |
| Called in | | Ross Slade | Kathy | | | | | 213 Highland | Bloomington | IL | 61701 |
| Called in | | Longberry | Ruby | | | | | 506 S. Center | Bloomington | IL | 61701 |
| Called in | | Bois | Richard | and | Rhonda | Bois | | 28922 E. 3300 N. Rd. | Dwight | IL | 60420 |
| Called in | | Chavez | Shannon | | | | | 312 Riley Apt. 2 | Bloomington | IL | 61701 |
| Called in | | Gibson | Mike | | | | | 829 W. Jackson | Bloomington | IL | 61701 |
| Called in | | Bowling | Tracy | | | | | | | | |
| Called in | | King | Patricia | | | | | 202 W. Locust | Bloomington | IL | 61701 |
| Called in | | Nauman | Tracy | | | | | 602 N. Western | Bloomington | IL | 61701 |