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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

**2011**

**Open to Public  
Inspection**

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

Department of the Treasury  
Internal Revenue Service

**A** For the 2011 calendar year, or tax year beginning , 2011, and ending , 20

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization  
**TRI-COUNTY ECONOMIC DEVELOPMENT ALLIANCE, INC.**

Number and street (or P O box, if mail is not delivered to street address) Room/suite  
**PO BOX 793**

City or town, state or country, and ZIP + 4  
**ELIZABETH, IL 61028-0390**

**D** Employer identification number  
**61-1575200**

**E** Telephone number  
**815-858-2207**

**F** Group Exemption Number ▶

**G** Accounting Method  Cash  Accrual Other (specify) ▶

**I** Website: ▶ **WWW.TCEDAONLINE.COM**

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

**J** Tax-exempt status (check only one) -  501(c)(3)  501(c) ( 6 ) ◀ (insert no)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 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 . ▶ \$ **88447**

**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 . . . . .

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .															88365												
	2	Program service revenue including government fees and contracts . . . . .																											
	3	Membership dues and assessments . . . . .																											
	4	Investment income . . . . .															2												
	5a	Gross amount from sale of assets other than inventory . . . . .																											
	b	Less: cost or other basis and sales expenses . . . . .																											
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .																											
	6	Gaming and fundraising events																											
	a	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .																											
	b	Gross income from fundraising events (not including contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .																											
c	Less: direct expenses from gaming and fundraising events . . . . .																												
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .																												
7a	Gross sales of inventory, less returns and allowances . . . . .																												
b	Less: cost of goods sold . . . . .																												
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .																												
8	Other revenue (describe in Schedule O) . . . . .															80													
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶															88447													
Expenses	10	Grants and similar amounts paid (list in Schedule O) . . . . .																											
	11	Benefits paid to or for members . . . . .																											
	12	Salaries, other compensation, and employee benefits . . . . .															15757												
	13	Professional fees and other payments to independent contractors . . . . .															53303												
	14	Occupancy, rent, utilities, and maintenance . . . . .															4893												
	15	Printing, publications, postage, and shipping . . . . .															189												
	16	Other expenses (describe in Schedule O) . . . . .															8668												
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶															82810													
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .															5637												
	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) . . . . .															-12767												
	20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .																											
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶															-7130												

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No 106421

Form **990-EZ** (2011)

SCANNED AUG 16 2012

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18

**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	3131	3389
23 Land and buildings		23
24 Other assets (describe in Schedule O)	2550	1700
25 Total assets	5681	5089
26 Total liabilities (describe in Schedule O)	18448	12219
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	-12767	-7130

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

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

What is the organization's primary exempt purpose? **FOSTER ECONOMIC DEVELOPMENT IN NW ILLINOIS**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 TCEDA HAS BEEN WORKING WITH BUSINESSES CONSIDERING MOVING OPERATIONS FROM NORTHWEST ILLINOIS TO OTHER LOCATIONS. SERVICES INCLUDE COORDINATION OF SUPPORT WITH UPGRADES OR RELOCATION WITHIN THE AREA AS WELL AS RESEARCHING OUTSIDE ASSISTANCE OPTIONS. (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 TCEDA HAS BEEN WORKING ON RETAINING, SUPPORTING AND EXPANDING EXISTING BUSINESSES. THIS INCLUDES THE DEVELOPMENT OF A SMALL BUSINESS RESOURCE CENTER TO FACILITATE EXISTING AND NEW BUSINESS SUCCESS IN THE AREA. (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 TCEDA HAS WORKED EXTENSIVELY ON BUILDING AND FOSTERING STRATEGIC PARTNERSHIPS WITH OTHER ECONOMIC DEVELOPMENT ENTITIES AND BUSINESS INTERESTS THROUGHOUT THE REGION TO ASSURE REGIONAL THINKING REGARDING THE NEED FOR SUCCESSFUL ECONOMIC DEVELOPMENT. (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	32

**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) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
1	MICHAEL HASTINGS PO BOX 793, ELIZABETH IL 61028	CHAIRPERSON 1	0	0	0
2	DREW TOWNSEND 10779 DOGLEG RIDGE, GALENA IL 61036	VICE CHAIR 1	0	0	0
3	ROD FRITZ 3-372 LAKE CARROLL BVLD, LANARK IL 61046	TREASURER 1	0	0	0
4	LARRY RUSSELL 200 N 12TH ST, FULTON IL 61252	SECRETARY 1	0	0	0
5	RANDY PRASSE 1305 N BOLTON RD, FREEPORT IL 61032	EXECUTIVE DIRECTOR 40	14538	160	0
6	MARVIN SCHULTZ 2819 W BETA GRAND RD, SCALES MOUND IL 61075	DIRECTOR .02	0	0	0
7	CARL BATES 101 QUAIL HOLLOW DR, MOUNT CARROLL IL 61053	DIRECTOR .02	0	0	0
8	BONNIE FOUST PO BOX 227, SHANNON IL 61078	DIRECTOR .02	0	0	0
9	DUKE HEBELER PO BOX 352, THOMSON IL 61285	DIRECTOR .02	0	0	0
10	ZELMA MCNEAL 512 CALVERT AVE, CHADWICK IL 61014	DIRECTOR .02	0	0	0
11	ED STERN 303 S BOYD, LANARK IL 61046	DIRECTOR .02	0	0	0
12	WAYNE UGOREK 2351 BROADVIEW DR, LAKE CARROLL, IL 61046	DIRECTOR .02	0	0	0

**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		22
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets		25
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		27

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III.)

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

What is the organization's primary exempt purpose? \_\_\_\_\_

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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	_____		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29	_____		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	_____		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O) _____		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	<b>Total program service expenses</b> (add lines 28a through 31a) _____	<b>32</b>	

**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) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
13	GALEN WIRTH 74 S FREEMAN, MILLEDGEVILLE IL 61051	DIRECTOR .02	0	0	0
14	GEOFF BARKLOW 730 CLINTON AVE, EAST DUBUQUE, IL 61025	DIRECTOR .02	0	0	0
15	RODNEY BRANDT 214 W BENTON AVE, STOCKTON IL 61085	DIRECTOR 02	0	0	0
16	JIM DAVIS 1348 W CHARLES MOUND RD, SCALES MOUND 61075	DIRECTOR .02	0	0	0
17	MICHAEL DITTMAR 117 W MAIN ST, ELIZABETH IL 61028	DIRECTOR .02	0	0	0
18	PAULA LANGE 3071 W COUNCIL HILL RD, SCALES MOUND IL 61075	DIRECTOR .02	0	0	0
19	JOE MATTINGLEY 292 W SCHAPVILLE RD, SCALES MOUND IL 61075	DIRECTOR .02	0	0	0
20	MARK MULLEN 6253 N STAGECOACH TR, NORA IL 61059	DIRECTOR .02	0	0	0
21	TIM RAISBECK 218 W WEBSTER, APPLE RIVER IL 61001	DIRECTOR .02	0	0	0
22	WAYNE RAISBECK 116 WILLISTON CT, WARREN IL 61087	DIRECTOR .02	0	0	0
23	TERRY RENNEN 604 PARK AVE, GALENA IL 61036	DIRECTOR .02	0	0	0
24	DON SCHAIBLE 102 LOWELL, HANOVER IL 61041	DIRECTOR .02	0	0	0

**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		22
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets		25
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		27

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

What is the organization's primary exempt purpose?	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	
28	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	32

**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) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
25 CLIFF SPLINTER 16300 PLEASANT VIEW DR, EAST DUBUQUE IL 61025	DIRECTOR .02	0	0	0
26 BOB BITLER 605 N LIME ST, ALBANY IL 61230	DIRECTOR .02	0	0	0
27 MARCIA SMITH PO BOX 72, ERIE IL 61250	DIRECTOR .02	0	0	0
28 IKHLAS AHMED PO BOX 254, GALENA IL 61036	DIRECTOR .02	0	0	0
29 KURT BRUNNER 505 E RIDGE ST, MOUNT CARROLL IL 61053	DIRECTOR .02	0	0	0
30 MIKE MURPHY 414 N DODGE ST, GALENA IL 61036	DIRECTOR .02	0	0	0
31 CRAIG MYERS 802 COTTAGE ST, SABULA IA 52070	DIRECTOR .02	0	0	0
32 TOM NEUMILLER 7389 IL RT 84, SAVANNA IL 61074	DIRECTOR .02	0	0	0
33 MATTHIAS PRAUS 12394 MEADOW DR, WINNEBAGO IL 61088	DIRECTOR .02	0	0	0
34 JOHN ROSENTHAL 503 SOUTH ST, GALENA IL 61036	DIRECTOR .02	0	0	0
35 SCOTT SULLIVAN 1 VALLEY VIEW DR, SAVANNA IL 61074	DIRECTOR .02	0	0	0
36 MIKE TIMMERMAN 928 S RANDOLPH ST, CUBA CITY WI 53807	DIRECTOR .02	0	0	0

**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		22
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets		25
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		27

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

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

What is the organization's primary exempt purpose? \_\_\_\_\_

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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	_____	
	_____	
	_____	
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29	_____	
	_____	
	_____	
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	_____	
	_____	
	_____	
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O)	_____	
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	_____	32

**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) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
37	SENATOR TIM BIVENS 416 SQUIRES, DIXON IL 61021	DIRECTOR .02	0	0	0
38	REPRESENTATIVE MIKE BOLAND 3658 1ST ST, EAST MOLINE IL 61244	DIRECTOR .02	0	0	0
39	SENATOR MIKE JACOBS 409 25TH AVE CT, EAST MOLINE IL 61244	DIRECTOR .02	0	0	0
40	REPRESENTATIVE JIM SACIA 5269 KASCH RD, PECATONICA IL 61063	DIRECTOR .02	0	0	0
41	DR JOE KANOSKY 1371 CARRIAGE HILL LN, FREEPORT IL 61032	DIRECTOR .02	0	0	0
42	DR GEORGE MIHEL 1502 COUNTRYR LANE, STERLING IL 52003	DIRECTOR .02	0	0	0
43	JOHN AMBROSE 768 ROCKWOOD CT, DUBUQUE IA 52003	DIRECTOR .02	0	0	0
44	JOE VONDA 9096 E STAGECOACH TR, WARREN IL 61087	DIRECTOR .02	0	0	0
45	DAVE WINTER 105 BRAYMAN AVE, SCALES MOUND IL 61075	DIRECTOR .02	0	0	0
46	JIM FOX 686 S CARTHAGE DR, FREEPORT IL 61032	DIRECTOR .02	0	0	0
47	KRAIG KNISS 603 E FRANKLIN ST, LANARK IL 61046	DIRECTOR .02	0	0	0
48	NATHAN GREINER 6635 W BATEY HOLLW RD, HANOVER IL 61041	DIRECTOR .02	0	0	0

**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		22
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets		25
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		27

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

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

What is the organization's primary exempt purpose? \_\_\_\_\_

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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	_____		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29	_____		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	_____		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O) _____		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) _____	32	

**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) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
49	MARA ROCHE 700 MONROE ST, HANOVER IL 61041	DIRECTOR .02	0	0	0
50	RICK BARKAU 501 E NORTH AVE, STOCKTON IL 61085	DIRECTOR .02	0	0	0
51	FRITZ KUHLEMEIER 102 W MAIN ST, LENA IL 61048	DIRECTOR .02	0	0	0
52	ROBERT LYVERS 202 W MAIN ST, WARREN IL 61087	DIRECTOR .02	0	0	0
53	TED JAMES 1305 3RD ST, FULTON IL 61252	DIRECTOR .02	0	0	0
54	TONY MALONE 202 MYRTLE ST, ELIZABETH IL 61028	DIRECTOR .02	0	0	0
55	JOHN NELSON 126 N BROAD ST, LANARK IL 61046	DIRECTOR .02	0	0	0
56	BILL HOOTEN 3177 MCINTRYE RD, SAVANNA IL 61074	DIRECTOR .02	0	0	0
57	JIM SULLIVAN 408 E NORTH ST, STOCKTON IL 61085	DIRECTOR .02	0	0	0
58	ROGER DEVRIES 451 N MAIN ST, MILLEDGEVILLE IL 61051	DIRECTOR .02	0	0	0
59	KIMBERLY SMITH PO BOX 4750, ROCK ISLAND IL 61204	DIRECTOR .02	0	0	0
60	TODD COLIN 18353 US HWY 20, EAST DUBUQUE IL 61025	DIRECTOR .02	0	0	0



**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
<b>33</b>	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .		<input checked="" type="checkbox"/>
<b>34</b>	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) . . . . .		<input checked="" type="checkbox"/>
<b>35a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .		<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .		
<b>c</b>	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .		<input checked="" type="checkbox"/>
<b>36</b>	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 . . . . .		<input checked="" type="checkbox"/>
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> <u>0</u>		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		<input checked="" type="checkbox"/>
<b>38a</b>	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? . . . . .		<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b>		
<b>39</b>	Section 501(c)(7) organizations. Enter:		
<b>a</b>	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>		
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>		
<b>40a</b>	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
<b>b</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 . . . . .	<b>40b</b>	
<b>c</b>	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 . . . . . ▶ _____		
<b>d</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
<b>e</b>	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. . . . .	<b>40e</b>	<input checked="" type="checkbox"/>
<b>41</b>	List the states with which a copy of this return is filed. ▶ <u>ILLINOIS</u>		
<b>42a</b>	The organization's books are in care of ▶ <u>JOHN COX</u> Telephone no ▶ <u>815-858-2207</u> Located at ▶ <u>793 US 20 W, ELIZABETH IL</u> ZIP + 4 ▶ <u>61028-0390</u>		
<b>b</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. ▶ _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	<b>42b</b>	<input checked="" type="checkbox"/>
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . . If "Yes," enter the name of the foreign country: ▶ _____	<b>42c</b>	<input checked="" type="checkbox"/>
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> — Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> <u>0</u>		
<b>44a</b>	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44a</b>	<input checked="" type="checkbox"/>
<b>b</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 . . . . .	<b>44b</b>	<input checked="" type="checkbox"/>
<b>c</b>	Did the organization receive any payments for indoor tanning services during the year? . . . . .	<b>44c</b>	<input checked="" type="checkbox"/>
<b>d</b>	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>44d</b>	
<b>45a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>45a</b>	<input checked="" type="checkbox"/>
<b>45b</b>	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 instructions) . . . . .	<b>45b</b>	<input checked="" type="checkbox"/>

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**  Yes  No

**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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . . **47**  Yes  No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . **48**  Yes  No

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . **49a**  Yes  No

b If "Yes," was the related organization a section 527 organization? . . . . . **49b**  Yes  No

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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 . . . . . **0**

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 . . . . . **0**

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 . . . . .  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: *Michael W. Hastings* Date: 7-27-12  
 Type or print name and title: MICHAEL W. HASTINGS, CHAIRPERSON

**Paid Preparer Use Only** Print/Type preparer's name: Preparer's signature: Date: Check  if self-employed PTIN:  
 Firm's name: Firm's EIN:  
 Firm's address: Phone no:

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  Yes  No