

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ** 

## **Short Form Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-1150

▶ Do not enter social security numbers on this form as it may be made public.

Name change    Number and street (or P O. box, if mail is not delivered to street address)   Room/suite   E Telephone number	58 220 -8321
B Check if applicable  Address change  Name change  Number and street (or P O. box, if mail is not delivered to street address)  Number and street (or P O. box, if mail is not delivered to street address)  Number and street (or P O. box, if mail is not delivered to street address)  Number and street (or P O. box, if mail is not delivered to street address)  Number and street (or P O. box, if mail is not delivered to street address)  Number and street (or P O. box, if mail is not delivered to street address)  Number and street (or P O. box, if mail is not delivered to street address)  Number and street (or P O. box, if mail is not delivered to street address)  Number and street (or P O. box, if mail is not delivered to street address)  Number and street (or P O. box, if mail is not delivered to street address)  Number and street (or P O. box, if mail is not delivered to street address)  Number and street (or P O. box, if mail is not delivered to street address)  F Group Exemption	58 220 -8321
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Name change    Number and street (or P O. box, if mail is not delivered to street address)   Room/suite   E Telephone number	-8321 n
Final return/terminated  City or town, state or province, country, and ZIP or foreign postal code  F Group Exemption	n
City or town, state or province, country, and ZIP or foreign postal code  F Group Exemption	n
The Application position F. F. Lack Cam T. L. Carlotte Lack Camp T. Ca	organization is <b>not</b>
Application pending Ettingwam, IC 62401 - 6816 Number	organization is not
G Accounting Method: ☐ Cash ☐ Accrual Other (specify) ► ☐ H Check ► ☐ fi the o	0
I Website: ► Www. lahe - il. Com required to attach So	chedule B
J Tax-exempt status (check only one) — ☐ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 (Form 990, 990-EZ, comparison of the	or 990-PF).
K Form of organization: Corporation Trust Association Other	
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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	635
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for F	Part I)
Check if the organization used Schedule O to respond to any question in this Part I	<u> </u>
1 Contributions, gifts, grants, and similar amounts received	0
2 Program service revenue including government fees and contracts	0
3 Membership dues and assessments	36325
4 Investment income	24
5a Gross amount from sale of assets other than inventory 5a	
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) 5c 6 Gaming and fundraising events	0
a Gross income from gaming (attach Schedule G if greater than \$15,000)	
\$15,000)	
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)	
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)	0
8 Other revenue (describe in Schedule O)	0
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	36351
10 Grants and similar amounts paid (list in Schedule O)	4000
The Bottomo Para to or for monipolo	
Salaries, other compensation, and employee benefits	4823
13 Professional fees and other payments to independent contractors MAR 1 6. 2015 13	<u>o</u>
Salaries, other compensation, and employee benefits	
Timeling, publications, postage, and simpling	670
16 Other expenses (describe in Schedule O)	21300
17 Total expenses. Add lines 10 through 16	30793
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	5558
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	48 178
end-of-year figure reported on prior year's return)	<u> </u>
20 Other changes in net assets or fund balances (explain in Schedule O)	E2 701.
	n <b>990-EZ</b> (2014)

Check if the organization used Schedule O to respond to any question in this Part II.  22 Cash, savings, and investments 23 Land and buildings. 24 Other assets (secribe in Schedule O) 25 Total assets 26 Total Isabilities (secribe in Schedule O) 27 Net assets for fund beliance (line 27 of column (B) must agree with line 21) 28 Check if the organization used Schedule O to respond to any question in this Part III.  29 Check if the organization springer service accomplishments (see the instructions for Part III) 29 Check if the organization's program service accomplishments for each of its three largest program services. See an accomplishments for each of its three largest program services are measured by expenses. In a clear and conoise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.  28 Carrier S ) If this amount includes foreign grants, check here P 28a (Grants S ) If this amount includes foreign grants, check here P 30a (Grants S ) If this amount includes foreign grants, check here P 3a (Grants S ) If this amount includes foreign grants, check here P 3a (Grants S ) If this amount includes foreign grants, check here P 3a (Grants S ) If this amount includes foreign grants, check here P 3a (Grants S ) If this amount includes foreign grants, check here P 3a (Grants S ) If this amount includes foreign grants, check here P 3a (Grants S ) If this amount includes foreign grants, check here P 3a (Grants S ) If this amount includes foreign grants, check here P 3a (Grants S ) If this amount includes foreign grants, check here P 3a (Grants S ) If this amount includes foreign grants, check here P 3a (Grants S ) If this amount includes foreign grants, check here P 3a (Grants S ) If this amount includes foreign grants, check here P 3a (Grants S ) If this amount includes foreign grants, check here P 3a (Grants S ) If this amount includes foreign grants, check here P 3a (Grants S ) If this amount includes foreign grants, check here P 3a (Grants S )	Part II Balance Sheets (see the instructions for Part II)						
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Check if the organization used Schedule O to respond to any question in this Part III					48178	27	53736
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(Grants \$ ) If this amount includes foreign grants, check here				<del> </del> -	· · · · · · · · · · · · · · · · · · ·
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Grants \$ ) If this amount includes foreign grants, check here . ▶ □ 30a  Grants \$ ) If this amount includes foreign grants, check here . ▶ □ 30a  31 Other program services (describe in Schedule O)		^		Í	
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Other program services (describe in Schedule O)  (Grants \$ ) If this amount includes foreign grants, check here				}	
Other program services (describe in Schedule O)  (Grants \$ ) If this amount includes foreign grants, check here					ļ
Grants \$   If this amount includes foreign grants, check here   31a		(Grants \$ ) If this amount includes foreign grants, check here .	▶ 🗆	30a	
Part IV  List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Par Check if the organization used Schedule O to respond to any question in this Part IV  (b) Average hours per week devoted to position  (a) Name and title  (b) Average hours per week devoted to position  (c) Reportable compensation  (d) Health benefits, contributions to employee benefit plans, and deferred compensation  (e) Estimated amo other compensation  (f) not paid, enter -0-)  Corbona FL  (a) Name and title  (b) Average hours per week devoted to position  (c) Reportable compensation  (d) Health benefits, contributions to employee benefit plans, and deferred compensation  (e) Estimated amo other compensation  (f) not paid, enter -0-)  (g) Feortable contributions to employee benefit plans, and deferred compensation  (g) Health benefits, contributions to employee benefit plans, and deferred compensation  (h) Average hours per week devoted to position  (g) Health benefits, contributions to employee benefit plans, and deferred compensation  (h) Average hours per week devoted to position  (g) Health benefits, contributions to employee benefit plans, and deferred compensation  (h) Average hours per week devoted to position  (g) Health benefits, contributions to employee benefit plans, and deferred compensation  (h) Average hours per week devoted to position  (g) Health benefits, contributions to employee benefits, contributions to employee benefits, contributions to employee benefits, contributions to employee to position per week devoted to position  (g) Health benefits, contributions to employee to position per week devoted to position  (g) Health benefits, contributions to employee to position per week devoted to position  (g) Health benefits, contributions to employee to position per week devoted to position	31				
List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Par Check if the organization used Schedule O to respond to any question in this Part IV  (a) Name and title  (b) Average hours per week devoted to position  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) deferred compensation other compensation (forms W-2/1099-MISC) (if not paid, enter -0-) deferred compensation other compensation other compensation (forms W-2/1099-MISC) (if not paid, enter -0-) deferred compensation other compensation other compensation (forms W-2/1099-MISC) (if not paid, enter -0-) deferred compensation other compensation other compensation other compensation (forms W-2/1099-MISC) (if not paid, enter -0-) deferred compensation other c	32	(Grants \$ ) If this amount includes foreign grants, check here .	<u> ▶ Ų</u>	_	<u> </u>
Check if the organization used Schedule O to respond to any question in this Part IV  (a) Name and title  (b) Average hours per week devoted to position  (c) Reportable compensation (compensation (c					tions for Part IV
(a) Name and title  (b) Average hours per week devoted to position (Forms W-2/1099-MISC) (If not peld, enter -0-)  Rob Bates 819 Deart Ave  Neon IL (01021 Drector())  Scot La Salle 401 Main St  Peona IL  Rick Kizehling Po Box 100  Carbondale IL (2901 Drector())  Doug Kiero Po Box 100  Carbondale IL (2901 Drector())  Carbondale IL (2901 Drector())  Carbondale IL (2901 Drector())  All Salle (2001 Drector())					
Rob Bates 819 Depot Ave Director () (Forms W-2/1099-MISC) benefit plans, and deferred compensation other compensation (If not paid, enter-0-) benefit plans, and deferred compensation other compensation (If not paid, enter-0-) benefit plans, and deferred compensation other compensation of the compensation				20/10	Entimated amount of
Rob Bates 819 Depot Ave Drector(1) — 129  Scot La Salle 401 Main St Director(1) — 134  Kirk Krehling Po Box 100  Carbondale IL 62901 Director(1) — 283  Carbondale IL 62901 Director(1) — 283		(a) Name and title   Indus per Week   (Forms W-2/1099-MISC)	benefit plans, and	0	ther compensation
Scot La Salle 401 Mam St Director(1)  Kirk Kuehling Po Box 100  Carbondale IL 6290 Director(1)  Doug Kiern Po Box 100  Carbondale IL 6290 Director(1)  Z83	7	(If not paid, enter -u-)	deferred compensation	`	
Scot La Salle 401 Main St Director(1) 134  Kirk Krehling Po Box 100  Carbondale IL 62901 Director(1) 113  Doug Kiern Po Box 100  Carbondale IL 62901 Director(1) 283	10			- 1	129
Kirk Kbehling Po Box 100  Carbondale It 6290 Director(1)  Doug Kiero Po Box 100  Carbondale It 6290 Director(1)  283	50			┪	1001
Kirk Kbehling Po Box 100  Carbondale It 6290 Director(1)  Doug Kiero Po Box 100  Carbondale It 6290 Director(1)  283					134
Doug Kierry PO Box 100 Carbondale FL 62901 Director(1) 283	Ki	rk Kuenling Po Box 100 m 1 (1)	<del></del>	1	1 - 2
Doug Kierry Po Box 100  Carbondale FL 62901 Director(1)  Tony Sassine 401 Main St Pegria IL  Bridgette Donies Harson 100 Man St Paris IL 61944 Director(1)  50		Carbondale, IL 62901 Director(1)			112
Iony Sassine 401 Main St Virector(1)  Bridgette Bornis Tarson 100 Main St Virector(1)  Paris II (1944)  Director(1)  50	1700	ug Kiern Po Box 100		1	702
Bridgette Bornes torson 100 Man St Drector (1)  Baris II. (1944 Drector (1)  50		Carbondale, FL 62901 Mector		-}	<u>000</u>
Bridgette Cornes Parson 100 Mam St Drector (1)  Day 15, It (1944)  So	TD.	Dans Turn Tropar		1	281
Paris I. (d) 44 Urector (1) 50	130	ideate Doors toron in Man St D 1 (1)			
	Just L.	Paris II (0)944   Wrector (1)			_50
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Part,	<del></del>			r
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Pan	Yes	No
33	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	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
35a	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)?	35a		ど
b c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b		×
36	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	36		X
ь 38а	Did the organization file <b>Form 1120-POL</b> for this year?	37b 38a		X
39 a b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  section 4911 ► ; section 4912 ► ; section 4955 ►  Section 501(c)(3) F01(c)(4) and 501(c)(20) argenizations. Bid the argenization and section 4955.			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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		メ
41	List the states with which a copy of this return is filed ▶			
		1) 34 101 -		74 No
	If "Yes," enter the name of the foreign country:	42b		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	<u> </u>	<u></u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	► □
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	res	ス
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
d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a 45b	1	X

Page	4

An a Distance and the Control of the							Yes	No
46 Did the organization engage, dir to candidates for public office?	ectly or in	idirectly, in political c	ampaign activities on	behalf of o	r in opposi	tion		
Part VI Section 501(c)(3) organ			, raiti	<del></del>	<del></del>	·   46	Ц	X
All section 501(c)(3) orga			etions 47_40h and	52 and co	molete th	a tahlas	for lin	20
50 and 51.	A) 11241101 1	s must answer que	Shorts 41-480 and	oz, and oc	inpiere m	e labies	וווו וטו	63
Check if the organization	used Sch	nedule O to respond	I to any question in t	his Part VI				
	<u>ucou co.</u>	iodaio o to respond	to any quodion in t	ino i ait vi	· · ·	<u> </u>	Yes	No
47 Did the organization engage in	lobbyina	activities or have a	section 501/h) electio	n in effect	during the	tax [	1.03	1.40
year? If "Yes," complete Schedu							.	
48 Is the organization a school as de	-					. 48		$\vdash$
49a Did the organization make any tr								
<b>b</b> If "Yes," was the related organiz						<del></del>	<del></del>	<del>                                     </del>
50 Complete this table for the orga				ner than offi	cers, direc	tors, trust		ıd key
employees) who each received r	nore than	\$100,000 of comper	nsation from the orga	nization. If t	here is non	e, enter "	None."	, ,
		(b) Average	(c) Reportable	(d) Health				
(a) Name and title of each employee		hours per week	compensation	contributions	to employee	(e) Estima	ted amo mpensa	
	j.	devoted to position	(Forms W-2/1099-MISC)	compe		04107 00	пропос	
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# # # # # # # # # # # # # # # # # # #	L	A. 00 000	<u></u>	<u> </u>		L		
f Total number of other employee	•		· · · · · · · · · · · · · · · · · · ·	<del></del>				
51 Complete this table for the organization from \$100,000 of compensation from				contractors	who eacl	n receive	d more	than
Troo, ood or compensation from	i tile orga	riization. II there is no	The, enter None.					
(a) Name and business address of each	ch independ	ent contractor	(b) Type of sen	/IC <del>0</del>	(c	) Compensa	ition	
		<del></del>	<del></del>					
Mane			1					
d Total number of other independent	ent contra	ctors each receiving	over \$100,000	<b></b>				
52 Did the organization complete	Schedu	le A? Note. All se	ection 501(c)(3) orga	nizations n	nust attacl	h a_	_	
completed Schedule A	<u> </u>		<u> </u>	<u> </u>	<u> </u>	. <b>▶</b> ☐ Ye	s X	No
Under penalties of perjury, I declare that I have exa						nowledge ar	nd belief,	, ıt is
true, correct, and complete. Declaration of prepare	er (otner than	officer) is pased on all info	rmation of which preparer	nas any knowle				
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Sign   Signature of officer	ء مرا	11 611	. Read Tox	Dat	يس •	2/12	110	<
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Preparer		<del></del>		<del></del>	self-emplo	you		
Use Only Firm's name					n's EIN ▶			
Firm's address ►  May the IRS discuss this return with the	preparer	shown above? See	instructions	Pnc	one no	► ☐ Ye	s $\Box$	No
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Part 1	, Line 4	(990-EZ)-	Investment Income

Tart 1, Line 4 (000-LZ)- investment income		
1 Interst on savings and temporary cash investments	1	26
2 Dividends and interest from securities	2	
3 Gross rents	3	
4 Other investment Income	4	
5 Total	5	26

Part 1, Line 10 (990-EZ)- Grants and Similar Amounts Paid

Class of Activity	Grantee's name	Address	Amo	unt
1 Scholarship Recipient	Nicholas Brandis	980 Orchard Pond Ct	\$	1,500
		Lake Zurich, IL 60047		
2 Scholarship Recipient	Michael Lacy	1804 West Fredonia Ave	\$	1,500
3 Scholarship Recipient	Alex Kastl	Peoria, IL 61606 12564 E 1975th Ave Effingham, IL 62401	\$	500
4 Scholarship Recipient	Rachel Sassine	2309 W Jubilee Lane Dunlap Illinois 61525	\$	500
Total	<del></del>		\$	4,000

Part 1, Line 16 (990-EZ)-Other Expenses

1 Travel, Meals and Entertainment	
a Travel & rooms	3322
b Total Meals and entertainment	307
2 Events	1800
3 From Form 4562-Amortization	
4 Conferences, conventions, and meetings	12993
5 Depreciation, Depletion	
6 Equipment rental and maintenance	
7 Interest	
8 Supplies	109
9 Telephone	
10 Unrelated business income taxes	
11 Annual Fee	10
12 Insurance	2759
Total	21300