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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ **Do not enter social security numbers on this form as it may be made public.**
▶ **Information about Form 990-PF and its instructions is at *www.irs.gov/form990pf*.**

OMB No 1545-0052

2014

Open to Public Inspection

For calendar year 2014, or tax year beginning 07-01-2014 , and ending 06-30-2015

Name of foundation
COMMUNITY FOUNDATION OF CENTRAL ILLINOIS DEPOSITOR

A Employer identification number
37-1283245

Number and street (or P O box number if mail is not delivered to street address)
3625 NORTH SHERIDAN

Room/suite

B Telephone number (see instructions)

City or town, state or province, country, and ZIP or foreign postal code
PEORIA, IL 61604

C If exemption application is pending, check here ▶ ☐

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☑ Address change ☐ Name change

D 1. Foreign organizations, check here ▶ ☐

2. Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

H Check type of organization ☑ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

I Fair market value of all assets at end of year *(from Part II, col. (c), line 16)* ▶$ 3,494,240

J Accounting method ☐ Cash ☑ Accrual ☐ Other (specify) _____
(Part I, column (d) must be on cash basis.)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

Part I **Analysis of Revenue and Expenses** *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))*

		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	2,629,660			
	2 Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3 Interest on savings and temporary cash investments	695	695		
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a _____				
	7 Capital gain net income (from Part IV, line 2)				
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)	4,000			
	12 **Total.** Add lines 1 through 11	2,634,355	695		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	12,393			12,393
	24 **Total operating and administrative expenses.** Add lines 13 through 23	12,393	0		12,393
	25 Contributions, gifts, grants paid	2,735,345			2,735,345
	26 **Total expenses and disbursements.** Add lines 24 and 25	2,747,738	0		2,747,738
	27 Subtract line 26 from line 12				
	a **Excess of revenue over expenses and disbursements**	-113,383			
	b **Net investment income** (if negative, enter -0-)		695		
	c **Adjusted net income** (if negative, enter -0-)			0	

Part II Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year (a) Book Value	End of year (b) Book Value	End of year (c) Fair Market Value
Assets	1 Cash—non-interest-bearing			
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	15 Other assets (describe ▶ _____)	3,600,048	3,494,240	3,494,240
	16 **Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	3,600,048	3,494,240	3,494,240
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable	500	8,075	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 **Total liabilities** (add lines 17 through 22)	500	8,075	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ ☑ and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted	-6,603	7,939	
	25 Temporarily restricted	3,606,151	3,478,226	
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ ☐ and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 **Total net assets or fund balances** (see instructions)	3,599,548	3,486,165	
	31 **Total liabilities and net assets/fund balances** (see instructions)	3,600,048	3,494,240	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	3,599,548
2	Enter amount from Part I, line 27a	2	-113,383
3	Other increases not included in line 2 (itemize) ▶ _____	3	
4	Add lines 1, 2, and 3	4	3,486,165
5	Decreases not included in line 2 (itemize) ▶ _____	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	3,486,165

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a				
b				
c				
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a				
b				
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☑ No
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2013	4,407,697	3,818,491	1 154303
2012	3,856,661	4,010,708	0 961591
2011	4,617,866	4,015,654	1 149966
2010	4,638,439	3,622,701	1 280381
2009	3,601,322	3,038,132	1 185374

2	**Total** of line 1, column (d)	2	5 731616
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	1 146323
4	Enter the net value of noncharitable-use assets for 2014 from Part X, line 5	4	3,493,937
5	Multiply line 4 by line 3	5	4,005,180
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	7
7	Add lines 5 and 6	7	4,005,187
8	Enter qualifying distributions from Part XII, line 4	8	2,747,738

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter _____ **(attach copy of letter if necessary–see instructions)**		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1% of Part I, line 27b	1	14
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	0
3	Add lines 1 and 2	3	14
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	0
5	**Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-	5	14
6	Credits/Payments		
a	2014 estimated tax payments and 2013 overpayment credited to 2014 — 6a: 264		
b	Exempt foreign organizations—tax withheld at source — 6b:		
c	Tax paid with application for extension of time to file (Form 8868) — 6c:		
d	Backup withholding erroneously withheld — 6d:		
7	Total credits and payments Add lines 6a through 6d	7	264
8	Enter any **penalty** for underpayment of estimated tax Check here ☐ if Form 2220 is attached	8	
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	250
11	Enter the amount of line 10 to be **Credited to 2015 estimated tax** ▶ 250 **Refunded** ▶	11	

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?	1b		No
	*If the answer is "Yes" to **1a** or **1b,** attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year **(1)** On the foundation ▶ $ _____ **(2)** On foundation managers ▶ $ _____			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ _____			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities.*	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T.*	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col. (c), and Part XV.*	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ IL			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation .*	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? *If "Yes," complete Part XIV*	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses.*	10		No

Part VII-A Statements Regarding Activities *(continued)*

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ WWW COMMUNITYFOUNDATIONCI ORG

14 The books are in care of ▶ MARK ROBERTS Telephone no ▶ (309) 674-8730

Located at ▶ 3625 NORTH SHERIDAN PEORIA IL ZIP+4 ▶ 61604

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** —Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the year ▶ **15**

16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		No

See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☑ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☑ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☑ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☑ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☑ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) ☐ Yes ☑ No			
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? ☐ Yes ☑ No			
	If "Yes," list the years ▶ 20____ , 20____ , 20____ , 20____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see instructions)	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ▶ 20____ , 20____ , 20____ , 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☑ No			
b	If "Yes," did it have excess business holdings in 2014 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969, **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014.)*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required *(continued)*

5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☑ No			
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☑ No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☑ No			
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions) ☐ Yes ☑ No			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☑ No			
b	If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?	**5b**		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☐ No			
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☑ No			
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**6b**		**No**
	If "Yes" to 6b, file Form 8870.			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☑ No			
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	**7b**		

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(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, other allowances
See Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than $50,000	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
NONE				

Total number of other employees paid over $50,000 ▶ 0

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)***

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than $50,000	**(b)** Type of service	**(c)** Compensation
NONE		

Total number of others receiving over $50,000 for professional services. ▶

Part IX-A **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1	
2	
3	
4	

Part IX-B **Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions **3**	
Total. Add lines 1 through 3 ▶	

Part X **Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes			
a	Average monthly fair market value of securities		1a	0
b	Average of monthly cash balances		1b	0
c	Fair market value of all other assets (see instructions)		1c	3,547,144
d	**Total** (add lines 1a, b, and c)		1d	3,547,144
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e		
2	Acquisition indebtedness applicable to line 1 assets		2	0
3	Subtract line 2 from line 1d		3	3,547,144
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)		4	53,207
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4		5	3,493,937
6	**Minimum investment return.** Enter 5% of line 5		6	174,697

Part XI **Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6			1	174,697
2a	Tax on investment income for 2014 from Part VI, line 5	2a	14		
b	Income tax for 2014 (This does not include the tax from Part VI)	2b			
c	Add lines 2a and 2b			2c	14
3	Distributable amount before adjustments Subtract line 2c from line 1			3	174,683
4	Recoveries of amounts treated as qualifying distributions			4	
5	Add lines 3 and 4			5	174,683
6	Deduction from distributable amount (see instructions)			6	
7	**Distributable amount** as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1			7	174,683

Part XII **Qualifying Distributions** (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	2,747,738
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	2,747,738
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	2,747,738

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				174,683
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only				
b Total for prior years 20___, 20___, 20___				
3 Excess distributions carryover, if any, to 2014				
a From 2009 3,449,887				
b From 2010 4,457,684				
c From 2011 4,417,359				
d From 2012 3,656,331				
e From 2013 4,216,803				
f **Total** of lines 3a through e	20,198,064			
4 Qualifying distributions for 2014 from Part XII, line 4 ▶ $ 2,747,738				
a Applied to 2013, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions)				
c Treated as distributions out of corpus (Election required—see instructions)				
d Applied to 2014 distributable amount				174,683
e Remaining amount distributed out of corpus	2,573,055			
5 Excess distributions carryover applied to 2014 *(If an amount appears in column (d), the same amount must be shown in column (a).)*				
6 **Enter the net total of each column as indicated below:**				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	22,771,119			
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount—see instructions				
e Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)				
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions)	3,449,887			
9 **Excess distributions carryover to 2015.** Subtract lines 7 and 8 from line 6a	19,321,232			
10 Analysis of line 9				
a Excess from 2010 4,457,684				
b Excess from 2011 4,417,359				
c Excess from 2012 3,656,331				
d Excess from 2013 4,216,803				
e Excess from 2014 2,573,055				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling. . . . . ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2014	(b) 2013	(c) 2012	(d) 2011	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon **a** "Assets" alternative test—enter **(1)** Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c "Support" alternative test—enter **(1)** Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the organization had $5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000) (See section 507(d)(2))

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ▶☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

MR MARK ROBERTS
3625 NORTH SHERIDAN
PEORIA,IL 61604
(309) 674-8730

b The form in which applications should be submitted and information and materials they should include

REQUEST APPLICATION FORM FROM MARK ROBERTS

c Any submission deadlines

NONE

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

MUST BE ORGANIZED EXCLUSIVELY AS AN EXEMPT OPRGANIZATION UNDER SEC 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year* ALL RECIPIENTS ARE 501C3GOV SEE ATTACHED LIST PEORIA,IL 61614	NONE		COMM DEVELOPMENT	2,735,345
Total . . . . . ▶ **3a**				2,735,345
b *Approved for future payment*				
Total . . . . . ▶ **3b**				0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	695	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)				695	
13 **Total.** Add line 12, columns (b), (d), and (e)					13 695

(See worksheet in line 13 instructions to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

		Yes	No
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash	1a(1)		No
(2) Other assets	1a(2)		No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
(3) Rental of facilities, equipment, or other assets	1b(3)		No
(4) Reimbursement arrangements	1b(4)		No
(5) Loans or loan guarantees	1b(5)		No
(6) Performance of services or membership or fundraising solicitations	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		No

d If the answer to any of the above is "Yes," complete the following schedule Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received

(a) Line No	**(b)** Amount involved	**(c)** Name of noncharitable exempt organization	**(d)** Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☑ No

b If "Yes," complete the following schedule

(a) Name of organization	**(b)** Type of organization	**(c)** Description of relationship

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge

****** | 2015-10-30 | ******

Signature of officer or trustee | Date | Title

May the IRS discuss this return with the preparer shown below (see instr)? ☐ Yes ☑ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
Lori Salmi		2016-02-10		P00712052

Firm's name ▶ Phillips Salmi Associates LLC — Firm's EIN ▶ 27-2509623

Firm's address ▶ 112 S Main St Washington, IL 61571 — Phone no (309) 444-4909

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(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, other allowances
CATHY BUTLER 3625 NORTH SHERIDAN PEORIA,IL 61604	VICE CHAIRMAN TREASURER 2 00	0	0	0
BASHIR ALI 3625 NORTH SHERIDAN PEORIA,IL 61604	CHAIRMAN 2 00	0	0	0
KAREN STUMPE 3625 NORTH SHERIDAN PEORIA,IL 61604	DIRECTOR 1 00	0	0	0
DONNA MARCACCI 3625 NORTH SHERIDAN PEORIA,IL 61604	SECRETARY 2 00	0	0	0
SARAH STABLER CORDIS 3625 NORTH SHERIDAN PEORIA,IL 61604	DIRECTOR 1 00	0	0	0
NATHAN BACH 3625 NORTH SHERIDAN PEORIA,IL 61604	DIRECTOR 1 00	0	0	0
ALMA BROWN 3625 NORTH SHERIDAN PEORIA,IL 61604	DIRECTOR 1 00	0	0	0
RON MILLER 3625 NORTH SHERIDAN PEORIA,IL 61604	DIRECTOR 1 00	0	0	0
DEBBIE RITSCHEL 3625 NORTH SHERIDAN PEORIA,IL 61604	DIRECTOR 1 00	0	0	0
DAVID WYNN 3625 NORTH SHERIDAN PEORIA,IL 61604	DIRECTOR 1 00	0	0	0
DON SHAFER 3625 NORTH SHERIDAN PEORIA,IL 61604	DIRECTOR 1 00	0	0	0
REVEREND ELAINE GORDON 3625 NORTH SHERIDAN PEORIA,IL 61604	DIRECTOR 1 00	0	0	0
CINDY FISCHER 3625 NORTH SHERIDAN PEORIA,IL 61604	DIRECTOR 1 00	0	0	0
JOHN DISHAROON 3625 NORTH SHERIDAN PEORIA,IL 61604	DIRECTOR 1 00	0	0	0
MARK ROBERTS 3625 NORTH SHERIDAN PEORIA,IL 61604	EXECUTIVE DIRECTOR 40 00	0	0	0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491041000046

TY 2014 Other Assets Schedule

Name: COMMUNITY FOUNDATION OF CENTRAL ILLINOIS DEPOSITOR

EIN: 37-1283245

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
ASSETS HELD BY GREATER HORIZONS	3,600,048	3,494,240	3,494,240

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491041000046

TY 2014 Other Expenses Schedule

Name: COMMUNITY FOUNDATION OF CENTRAL ILLINOIS DEPOSITOR

EIN: 37-1283245

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OTHER EXPENSE	12,393	0	0	12,393

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491041000046

TY 2014 Other Income Schedule

Name: COMMUNITY FOUNDATION OF CENTRAL ILLINOIS DEPOSITOR

EIN: 37-1283245

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
OTHER INCOME	4,000	0	0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491041000046

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Name of the organization
COMMUNITY FOUNDATION OF CENTRAL ILLINOIS DEPOSITOR

Employer identification number
37-1283245

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☑ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

☑ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than $1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization
COMMUNITY FOUNDATION OF CENTRAL ILLINOIS DEPOSITOR

Employer identification number
37-1283245

Part I **Contributors** (see Instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	See Additional Data Table	$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

Name of organization
COMMUNITY FOUNDATION OF CENTRAL ILLINOIS DEPOSITOR

Employer identification number
37-1283245

Part II **Noncash Property** (see instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

Name of organization
COMMUNITY FOUNDATION OF CENTRAL ILLINOIS DEPOSITOR

Employer identification number
37-1283245

Part III *Exclusively* **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc , contributions of **$1,000 or less** for the year (Enter this information once See instructions) ▶ $ ____________
Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

Additional Data

Software ID:
Software Version:
EIN: 37-1283245
Name: COMMUNITY FOUNDATION OF CENTRAL ILLINOIS DEPOSITOR

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MR BYRON DEHAAN 10927 N SLEEPY HOLLOW RD PEORIA, IL61615	$ 10,443	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
2	MR MRS EUGENE SWAGER 4201 GOLFCREST LN PEORIA, IL61614	$ 23,744	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
3	MR MRS EARL DOUBET 323 E MORNINGSIDE DRIVE PEORIA, IL61614	$ 11,057	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
4	MR MRS RICHARD HELLER 7622 PATTON LANE PEORIA, IL61614	$ 8,314	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
5	MR MRS WILLIAM MANNLEIN 1833 IVY POINTE CT NAPLES, FL34109	$ 14,001	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
6	MR MRS HOMER GURTLER 6723 WILSHIRE CT PEORIA, IL61614	$ 19,470	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	DR MRS JOHN LEYLAND 705 FONDULAC DR EAST PEORIA, IL61611	$ 9,219	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
8	MR MRS KUNKLE 718 W BROOKFOREST PEORIA, IL61615	$ 12,244	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
9	MS ROBERTA PARKS 401 WATER STREET 802 PEORIA, IL61602	$ 6,005	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
10	MR MRS TERRY GLYNN 439 EDGEWOOD DRIVE EAST PEORIA, IL61611	$ 20,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
11	KEN JUDY ZIKA 2319 W CHANDLER CT PEORIA, IL61615	$ 30,024	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
12	MR MRS KEITH ERICKSON 6707 N GREENMONT ROAD PEORIA, IL61614	$ 78,283	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	MR MRS ROBERT BARTH 240 S MISSOURI MORTON, IL61550	$ 9,499	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
14	MR MRS TIMOTHY ELDER 918 W BRIDGETOWNE DUNLAP, IL61525	$ 20,950	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
15	DR MRS JOSPEH ZIMMERMAN III 215 W DELWOOD MORTON, IL61550	$ 39,914	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
16	DR MRS JAMES HUNT 804 CRESTVIEW WASHINGTON, IL61571	$ 5,410	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
17	MR MRS ROBERT MUIR 522 WEDGEWOOD TERRACE METAMORA, IL61548	$ 44,096	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
18	MR MRS WILLIAM HARDIN 3410 N BIGELOW PEORIA, IL61604	$ 345,078	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	MR MRS JAMES TARABORI 23770 MERANO COURT BONITA SPRINGS, FL 34134	$ 8,052	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
20	MR MRS WILLIAM WENDLE 6862 N FOX POINTE PEORIA, IL 61614	$ 87,270	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
21	MR MRS DONALD HOFFORD 5200 N KNOXVILLE 206N PEORIA, IL 61614	$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
22	MR MRS WILLIAM ROHNER 400W THOUSAND OAK DR PEORIA, IL 61615	$ 48,050	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
23	MR MRS MARVIN FOSS 1419 N 10TH PEKIN, IL 61554	$ 13,068	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
24	MR MRS ROBERT KNAPP 713 FOREST PARK DR EUREKA, IL 61530	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	MR MRS EUGENE PHILLIPS 2801 W REEDY CREEK DR PHOENIX, AZ 85086	$ 12,419	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
26	MARY DILL 2514 W HIDDEN LAKE COURT PEORIA, IL 61614	$ 10,077	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
27	MR MRS MICHAEL LEALI 7319 N EDGEWILD DRIVE PEORIA, IL 61614	$ 29,260	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
28	MR MRS DAVID ORR 115 N SUNSET MARCO ISLAND, FL 34145	$ 160,302	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
29	MR MRS MICHAEL QUINE 12438 NORTH COVE CT DUNLAP, IL 61525	$ 26,453	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
30	MS EMILY GILL 6322 N IMPERIAL PEORIA, IL 61614	$ 21,899	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	MR MRS BRADLEY BRAKER 34 DIAMOND PT MORTON, IL61550	$ 45,224	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
32	MR MRS ROGER ARNOLD 70 DIAMOND PT MORTON, IL61550	$ 30,149	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
33	MR MRS MARK HANBACK 54 SAPPHIRE POINT MORTON, IL61550	$ 10,237	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
34	JAMES JANICE CUNNINGHAM 7600 N EDGEWILD DRIVE PEORIA, IL61614	$ 8,638	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
35	MR TIMOTHY BRAKER 415 CORAL DRIVE MORTON, IL61550	$ 94,797	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
36	MS SUSAN HEUN 1811 KERN RD WASHINGTON, IL61571	$ 43,324	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	MR MRS JAMES BUBERT 2401 W CHANDLER PEORIA, IL61615	$ 100,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
38	MR MRS CHARLES BUSH 10014 W DEERBROOK TRIAL EDWARDS, IL61528	$ 11,043	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
39	MR MRS SCOTT EHRSAM 1500 TIMBER RAIL WASHINGTON, IL61571	$ 14,496	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
40	MR MRS TOM HENRICHS 212 W ASPEN WAY PEORIA, IL61614	$ 39,260	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
41	DR MRS STEPHEN HIPPLER 320 POTOMAC CT DUNLAP, IL61525	$ 10,815	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
42	MR MRS THOMAS HOWARD 3307 N BILTMORE PEORIA, IL61604	$ 23,971	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	MRS ELLEN PAULLIN 1024 BACON STREET PEKIN, IL61554	$ 8,293	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
44	MR MRS JOHN REEL 158 COUNTY RD 1825 E CARLOCK, IL61725	$ 15,959	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
45	MR MRS JIM RIEKER 7220 N BENJAMIN CT PEORIA, IL61614	$ 19,297	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
46	MR MRS FREDERICK STUBER 123 SW JEFFERSON AVE PEORIA, IL61602	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
47	DR MRS THOMAS WYMAN 5110 N PROSPECT PEORIA, IL61614	$ 74,486	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
48	MR MRS GARY CHURCH 434 FONDULAC DRIVE EAST PEORIA, IL61611	$ 10,991	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

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49	MS ELIZABETH LAUGHLIN 6 LAUREL CT WASHINGTON, IL61571	$ 21,541	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
50	MR MRS DOMALD NIEMI 705 BAYSIDE METAMORA, IL61548	$ 16,565	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
51	MR MRS ROBERT STEVENSON III 4536 N MILLER AVENUE PEORIA HEIGHTS, IL61616	$ 13,758	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
52	MR MRS JOHN WAHLFELD 116 E COVENTRY LANE PEORIA, IL61614	$ 5,793	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
53	MR DAVID WICKNESS 12622 W CRESCENT DR DUNLAP, IL61525	$ 10,027	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
54	MR MRS RONALD C STREIB 11200N RHONDA WAY DUNLAP, IL61525	$ 7,976	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

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55	MR MRS DONALD J DAVIS 2713 AURORA HORSESHOE BAY, TX78657	$ 6,824	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
56	MR MRS GEORGE GOULD 8787 NAPLES HERITAGE NAPLES, FL34112	$ 11,728	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
57	MR MRS GREGORY S FOLLEY 6526 N ST MARYS RD PEORIA, IL61614	$ 25,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
58	MR MRS JAMES S BEARD 3731 NORTHWIND COURT JUPITER, FL33477	$ 22,149	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
59	MR MRS JOHN AMDALL 901 WELLINGTON WASHINGTON, IL61571	$ 61,972	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
60	MR MRS KENT BRYAN 9236 N TIMBER LANE PEORIA, IL61615	$ 13,863	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

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61	MR MRS THOMAS G LUTHY 10939 N SLEEPY HOLLOW PEORIA, IL61615	$ 8,592	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
62	MR MRS THOMAS JENN 607 W SOUTH FOREST TRAIL PEORIA, IL61615	$ 173,966	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
63	MR MRS WILLIAM J BRANDON PO BOX 5686 PEORIA, IL61601	$ 13,483	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
64	MR ELLIOT C MURRAY 1420 W GLEN AVE PEORIA, IL61614	$ 11,019	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
65	HARVEY JANET MASIMORE 5200 N KNOXVILLE PEORIA, IL61614	$ 8,027	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
66	MR MRS STEPHEN BROWN 717 SCOTTWOOD DRIVE PEORIA, IL61615	$ 19,944	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

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67	HEART OF ILLINOIS UNITED WAY 509 W HICH ST PEORIA, IL61606	$ 18,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
68	MR MRS MARK GRAHAM 19 SAPPHIRE POINT MORTON, IL61550	$ 5,441	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
69	MR ROBERT JOYNT 6004 W WOODBRIDGE CT PEORIA, IL61615	$ 15,075	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
70	MR MYRON D MONGE 902 W PARKVIEW CT ROANOKE, IL61561	$ 8,077	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
71	BETTY MCKAY 1107 E SAINT ANDREWS CT PEORIA, IL61614	$ 8,217	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
72	KAYWIN MARTIN 972 EVERGREEN DRIVE DELRAY BEACH, FL33483	$ 81,423	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

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73	MARY BUESING 2926 PARKWOOE DR PEORIA, IL61614	$ 5,220	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
74	MR JAMES ANDERSON 695 EAST HIGH POINT TERRACE PEORIA, IL61614	$ 5,415	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
75	MR JAMES KNOST 940 W DEERBROOK DR PEORIA, IL61615	$ 82,863	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
76	JAMES FASSINO 11506 N BRISTOL DR DUNLAP, IL61525	$ 11,273	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
77	ERNEST BLOOD 1345 TIMBER OAK DR METAMORA, IL61548	$ 5,059	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
78	CLARENCE FAHNESTOCK 6735 N VANDER SCHAAF DR PEORIA, IL61614	$ 5,981	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

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79	PERSHING ADVISOR SOLUTIONS LLC ONE PERSHING PLAZA 10TH FLOOR JERSEY CITY, NJ07399	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
80	JOHN WAGNER 213 W CRESTWOOD PEORIA, IL61614	$ 9,936	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
81	DONALD SMITH 363 E HIGH POINT RD PEORIA, IL61614	$ 5,297	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
82	MR MICHAEL JIRIK 2533 N TOWANDA AVE NORMAL, IL61761	$ 36,695	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
83	VALERIE UMHOLTZ MOEHLE 800 S EIGHT ST PEKIN, IL61554	$ 11,366	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
84	CAROL A MOEHLE 818 WASHINGTON ST PEKIN, IL61554	$ 58,060	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

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85	BEULAH I SCHMIDT 21816 BUTTERNUT LANE DELAVAN, IL61734	$ 20,166	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)