

Return of Organization Exempt from Income Tax

2004

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)

Department of the Treasury Internal Revenue Service

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

A For the 2004 calendar year, or tax year beginning, 2004, and ending

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: CIECA. D Employer Identification Number: 38-3165926. E Telephone number: (309) 664-6929. F Accounting method: Cash.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations. H (a) Is this a group return for affiliates? No. H (b) If 'Yes,' enter number of affiliates. H (c) Are all affiliates included? No. H (d) Is this a separate return filed by an organization covered by a group ruling? No.

G Web site: N/A

J Organization type (check only one): 501(c) 6 (insert no.) 4947(a)(1) or 527

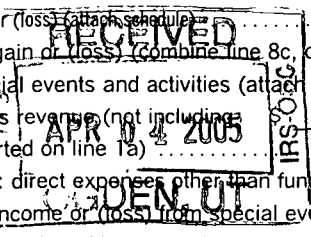
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 239,197.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss) from sales of assets; 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses; 9c Net income or (loss); 10a Gross sales of inventory; 10b Less: cost of goods sold; 10c Gross profit or (loss); 11 Other revenue; 12 Total revenue (239,197); 13 Program services (42,698); 14 Management and general (200,750); 15 Fundraising; 16 Payments to affiliates; 17 Total expenses (243,448); 18 Excess or (deficit) for the year (-4,251); 19 Net assets or fund balances at beginning of year (13,642); 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year (9,391).

SCANNED APR 18 2005



17.2

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____)	22				
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	113,750.		113,750.	
26 Other salaries and wages	26	87,000.		87,000.	
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31	5,925.	5,925.		
32 Legal fees	32	690.	690.		
33 Supplies	33	1,786.	1,786.		
34 Telephone	34	4,379.	4,379.		
35 Postage and shipping	35	830.	830.		
36 Occupancy	36	100.	100.		
37 Equipment rental and maintenance	37	603.	603.		
38 Printing and publications	38	1,736.	1,736.		
39 Travel	39	8,969.	8,969.		
40 Conferences, conventions, and meetings	40	5,286.	5,286.		
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	1,020.	1,020.		
43 Other expenses not covered above (itemize):					
a WEB SITE	43a	694.	694.		
b BANK CHARGES	43b	16.	16.		
c CONFERENCE CALL SERVICE	43c	2,145.	2,145.		
d DUES & MEMBERSHIPS	43d	310.	310.		
e See Other Expenses Stmt	43e	8,209.	8,209.		
44 Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	243,448.	42,698.	200,750.	

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? <u>SETTING INDUSTRY STANDARDS</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a EDUCATION: 107 MEMBERS AND MANY NON-MEMBERS VIA ISSUES OF EDUCATIONAL NEWSLETTER, BULLETINS, COMPREHENSIVE WEBSITE, PRESS RELEASES, MEDIA ARTICLES, AND PUBLIC PRESENTATIONS (Grants and allocations \$ 0.)	0.
b PUBLISH INDUSTRY GUIDELINES FOR BEST PRACTICES FOR ELECTRONIC COMMERCE, BETWEEN BUSINESS PARTNERS AND VENDORS (Grants and allocations \$ 0.)	0.
c COMPLETED STANDARDS FOR ELECTRONIC COMMUNICATION BETWEEN INSURERS, PART SUPPLIERS, AND COLLISION REPAIR CENTERS (Grants and allocations \$ 0.)	0.
d _____ (Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	0.

**Part IV. Balance Sheets** (See Instructions)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash – non-interest-bearing .....	40,018.	45	21,992.
	46 Savings and temporary cash investments .....	0.	46	
	47a Accounts receivable .....	47a		
	b Less: allowance for doubtful accounts .....	47b		47c
	48a Pledges receivable .....	48a		
	b Less: allowance for doubtful accounts .....	48b		48c
	49 Grants receivable .....		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule) .....		50	
	51a Other notes & loans receivable (attach sch) .....	51a		
	b Less: allowance for doubtful accounts .....	51b		51c
	52 Inventories for sale or use .....		52	
	53 Prepaid expenses and deferred charges .....		53	
	54 Investments – securities (attach schedule) .....	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55a Investments – land, buildings, & equipment: basis .....	55a 1,021.		
	b Less: accumulated depreciation (attach schedule) .....	55b 1,021.		55c 0.
	56 Investments – other (attach schedule) .....		56	
	57a Land, buildings, and equipment: basis .....	57a		
	b Less: accumulated depreciation (attach schedule) .....	57b		57c
	58 Other assets (describe .....		58	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74) .....	40,018.	59	21,992.	
LIABILITIES	60 Accounts payable and accrued expenses .....	26,376.	60	12,600.
	61 Grants payable .....		61	
	62 Deferred revenue .....		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule) .....		63	
	64a Tax-exempt bond liabilities (attach schedule) .....		64a	
	b Mortgages and other notes payable (attach schedule) .....		64b	
	65 Other liabilities (describe .....		65	
66 <b>Total liabilities</b> (add lines 60 through 65) .....	26,376.	66	12,600.	
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted .....		67	
	68 Temporarily restricted .....		68	
	69 Permanently restricted .....		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds .....		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund .....		71	
	72 Retained earnings, endowment, accumulated income, or other funds .....	13,642.	72	9,392.
73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) .....	13,642.	73	9,392.	
74 <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73) .....	40,018.	74	21,992.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA



Part VI Other Information (See instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization? If 'Yes,' enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		X
81a	Enter direct and indirect political expenditures. See line 81 instructions	81a	0.
81b	Did the organization file Form 1120-POL for this year?		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
82b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		X
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85a	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		X
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	X	
85c	Dues, assessments, and similar amounts from members	85c	
85d	Section 162(e) lobbying and political expenditures	85d	
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
86a	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	
86b	Gross receipts, included on line 12, for public use of club facilities	86b	
87a	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 _____; section 4912 _____; section 4955 _____		
89b	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 become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization		
90a	List the states with which a copy of this return is filed	ILLINOIS	
90b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	90b	0
91	The books are in care of RAYMOND BERTA Telephone number (309) 664-6929 Located at 220 N. ELDORADO ROAD, SUITE C, BLOOMINGTON, IL ZIP + 4 61704-3544		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	

**Part VII Analysis of Income-Producing Activities** (See instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))					
105 Total (add line 104, columns (B), (D), and (E))					

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	N/A

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See instructions.) N/A

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See instructions.)

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

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

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.

Please Sign **Jim Hanning RB** 3-17-05  
Signature of officer Date

	Date 03/17/05	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See General Instruction W)
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Form 990, Page 2, Part II, Line 43

**Other Expenses Stmt**

Other expenses not covered above (itemize):	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
LODGING	5,027.	5,027.		
MEALS & ENTERTAINMENT	1,809.	1,809.		
MISCELLANEOUS	0.	0.		
INSURANCE	785.	785.		
ANNUAL CORP FEES	588.	588.		
Total	<u>8,209.</u>	<u>8,209.</u>		

AAA

**Supporting Statement of:**

Form 990 p 2/Line 42 column (B)

<b>Description</b>	<b>Amount</b>
COMPUTER (SECTION 179 TAKEN)	1,020.
Total	<u>1,020.</u>

# ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

PMT #	_____
AMT	_____
INIT	_____

Attorney General **JIM RYAN** State of Illinois  
Charitable Trust Bureau, 100 West Randolph  
3rd Floor, Chicago, Illinois 60601

CO # 6285-036-1

Report for the Fiscal Period:  
Beginning 01 / 01 / 2004  
& Ending 12 / 31 / 2004

Make Checks Payable to the Illinois Charity Bureau Fund

- Check all items attached:**
- Copy of IRS Return
  - Audited Financial Statements
  - Copy of Form IFC
  - \$15.00 Annual Report Filing Fee
  - \$100.00 Late Report Filing Fee

Federal ID # 38-3165926

Are contributions to the organization tax deductible?  Yes  No

Date Organization was created: 01 / 20 / 19

LEGAL NAME CIECA 220 North Eldorado Road Suite "C" Bloomington, IL 61704	Year-end amounts	
MAIL ADDRESS Suite "C"	A) ASSETS	A) \$ 21,992
CITY, STATE Bloomington, IL 61704	B) LIABILITIES	B) \$ 12,601
ZIP CODE	C) NET ASSETS	C) \$ 9,391

**I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:**

- D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)
- E) GOVERNMENT GRANTS & MEMBERSHIP DUES
- F) OTHER REVENUES
- G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)

PERCENTAGE	AMOUNT
%	D) \$ 0
%	E) \$ 239,050
%	F) \$ 147
100%	G) \$ 239,197

**II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:**

- H) OPERATING CHARITABLE PROGRAM EXPENSE
- I) EDUCATION PROGRAM SERVICE EXPENSE
- J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)
- J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J): \$
- K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS
- L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)
- M) MANAGEMENT AND GENERAL EXPENSE
- N) FUNDRAISING EXPENSE
- O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)

%	H) \$ 0
%	I) \$ 34,671
%	J) \$ 34,671
%	K) \$ 0
%	L) \$ 34,671
%	M) \$ 208,777
%	N) \$ 0
100%	O) \$ 243,448

**III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:**

(Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)

**PROFESSIONAL FUNDRAISERS:**

- P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS
- Q) TOTAL FUNDRAISERS FEES AND EXPENSES
- R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)

100%	P) \$ 0
%	Q) \$ 0
%	R) \$ 0

**PROFESSIONAL FUNDRAISING CONSULTANTS:**

- S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS

S) \$ 0

**IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:**

T) NAME, TITLE: Fred Iantorno - Executive Director

T) \$ 113,750

U) NAME, TITLE: Charles Quirt - Program Coordinator

U) \$ 87,000

V) NAME, TITLE:

V) \$ 0

**V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES**

W) DESCRIPTION:

W) #

X) DESCRIPTION:

X) #

Y) DESCRIPTION:

Y) #

List on back side of instructions  
CODE



IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:

	YES	NO
1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT? .....		X
2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY? .....		X
3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION? .....		X
4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES? .....		X
5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION? .....		X
6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? ( ATTACH FORM IFC ) .....		X
7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? .....		X
7b. IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____; (ii) THE AMOUNT \$ _____; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____		
8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES? .....		X
9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY? .....		X
10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS? .....		X
11. LIST THE NAME, ADDRESS AND THE ACCOUNT # OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: Heartland Bank & Trust, Bloomington, IL 61704 Checking Account #51161403: Money Market Account #05-1164984		
12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: Raymond M. Berta, Accountant 309-664-6929		

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

**BE SURE TO INCLUDE ALL FEES DUE:**

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

Jim Laning, Vice Chair  
PRESIDENT or TRUSTEE (PRINT NAME)

*Jim Laning RB*  
SIGNATURE

3-16-05  
DATE

Paul Krauss, Treasurer  
TREASURER or TRUSTEE (PRINT NAME)

*Paul Krauss 16*  
SIGNATURE

3-16-05  
DATE

Raymond M. Berta, Accountant  
PREPARER (PRINT NAME)

*Raymond M. Berta*  
SIGNATURE

3-16-05  
DATE