

**Return of Organization Exempt From Income Tax**

**2009**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

For the 2009 calendar year, or tax year beginning **7/01**, 2009, and ending **6/30**, 2010

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions.	<b>C</b> MARCFIRST 1606 HUNT DRIVE NORMAL, IL 61761-2192	<b>D</b> Employer Identification Number 37-6017635
			<b>E</b> Telephone number 309-451-8888
			<b>G</b> Gross receipts \$ <b>5,804,998.</b>
		<b>F</b> Name and address of principal officer: SAME AS C ABOVE	<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number	
<b>J</b> Website: <b>WWW.MARCFIRST.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of Formation: <b>1955</b>	<b>M</b> State of legal domicile: <b>IL</b>

**Part I Summary**

<b>1</b> Briefly describe the organization's mission or most significant activities: <u>MARCFIRST'S MISSION IS TO GUARANTEE THE PERSONAL DIGNITY OF PEOPLE WITH DEVELOPMENTAL DISABILITIES AND TO PROMOTE THEIR PERSONAL ACHIEVEMENTS BASED ON THEIR DREAMS, DESIRES, AND ABILITIES. OUR VISION IS TO BECOME A BRIDGE TO A COMMUNITY WHERE ALL PEOPLE CAN PURSUE AND</u>		
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
<b>Activities &amp; Governance</b>	<b>3</b> Number of voting members of the governing body (Part VI, line 1a).....	<b>3</b> 15
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b).....	<b>4</b> 15
	<b>5</b> Total number of employees (Part V, line 2a).....	<b>5</b> 264
	<b>6</b> Total number of volunteers (estimate if necessary).....	<b>6</b> 175
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12.....	<b>7a</b> 69,617.
	<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34.....	<b>7b</b> -12,982.
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h).....	Prior Year: 6,358,300. Current Year: 5,591,798.
	<b>9</b> Program service revenue (Part VIII, line 2g).....	21,810. 17,071.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	137,414. 15,276.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	21,960. 98,784.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	6,539,484. 5,722,929.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3).....	
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4).....	
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....	4,517,156. 3,950,115.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e).....	
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>39,513.</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f).....	1,896,895. 1,758,351.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	6,414,051. 5,708,466.
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12.....	125,433. 14,463.
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16).....	Beginning of Year: 4,306,485. End of Year: 5,083,779.
	<b>21</b> Total liabilities (Part X, line 26).....	2,621,297. 3,384,127.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.....	1,685,188. 1,699,652.

**Part II Signature Block**

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

**Sign Here**

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_

Type or print name and title: \_\_\_\_\_

<b>Paid Preparer's Use Only</b>	Preparer's signature: <u>Jawn M. Carlson</u>	Date: <u>12/14/10</u>	Check if self-employed: <input checked="" type="checkbox"/>	Preparer's identifying number (see instructions): <b>P00834818</b>
	Firm's name (or yours if self-employed), address, and ZIP + 4: <u>SULASKI AND WEBB, CPAS</u> <u>207 W. JEFFERSON, STE. 203</u> <u>BLOOMINGTON, IL 61701</u>		EIN: <u>37-1142100</u>	Phone no.: <u>(309) 828-6071</u>

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ... [ ] Yes [X] No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ... [ ] Yes [X] No

If 'Yes,' describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: [REDACTED]) (Expenses \$ 3,211,495. including grants of \$ ) (Revenue \$ 3,709,837.) COMMUNITY INTEGRATED LIVING ARRANGEMENT

4b (Code: [REDACTED]) (Expenses \$ 592,888. including grants of \$ ) (Revenue \$ 636,719.) SERVICES FOR PARENT, INFANT, AND CHILD EDUCATION

4c (Code: [REDACTED]) (Expenses \$ 380,444. including grants of \$ ) (Revenue \$ 494,343.) SUPPORTED EMPLOYMENT

4d Other program services. (Describe in Schedule O.) SEE SCHEDULE O (Expenses \$ 850,049. including grants of \$ ) (Revenue \$ 950,897.)

4e Total program service expenses ▶ 5,034,876.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A .....	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? .....		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I .....		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II .....	X	
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III .....		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I .....		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II .....		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III .....		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV .....		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V .....		X
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable .....	X	
	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI .....		
	• Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII .....		
	• Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII .....		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX .....		
	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X .....		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X .....		
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII .....	X	
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional .....		
		Yes	No
	12 A		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E .....		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? .....		X
14b	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I .....		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II .....		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III .....		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I .....		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II .....	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III .....		X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H .....		X

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

BAA

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
1a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable. ....		
1a	19		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. ....		
1b	0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return .....		
2a	264		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....	X	
<i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? .....	X	
3b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O .....	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....		X
4a	If 'Yes,' enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....		X
5c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? .....		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? .....		X
6b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? .....		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? .....		X
7b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? .....		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....		X
7d	If 'Yes,' indicate the number of Forms 8282 filed during the year. ....		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .....		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? .....		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? .....		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
9a	Did the organization make any taxable distributions under section 4966? .....		
9b	Did the organization make any distribution to a donor, donor advisor, or related person? .....		
10	<b>Section 501(c)(7) organizations.</b> Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12. ....		
10b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. ....		
11	<b>Section 501(c)(12) organizations.</b> Enter:		
11a	Gross income from other members or shareholders. ....		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) .....		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....		
12b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. ....		

**Part VI Governance, Management and Disclosure** For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body.....		
	1a		15
b	Enter the number of voting members that are independent.....		
	1b		15
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?.....		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.....		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?.....		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?.....		X
6	Does the organization have members or stockholders?.....		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?.....		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?.....		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?.....	X	
b	Each committee with authority to act on behalf of the governing body?.....	X	
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.....		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a		X
10b		
11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O	
12a	X	
12b	X	
12c	X	
13	X	
14	X	
15		
a	X	
b	X	
16a		X
16b		

**Section C. Disclosures**

- 17 List the states with which a copy of this Form 990 is required to be filed ▶ IL
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. SEE SCHEDULE O
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  
 ▶ MINDY MURPHY 1606 HUNT DRIVE NORMAL IL 61761-2192 309-451-8888

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DEAN DAVIS PRESIDENT	1	X		X				0.	0.	0.
ROD WEIGELMANN VICE PRESIDENT	1	X		X				0.	0.	0.
JEFF CRUMRINE TREASURER	1	X		X				0.	0.	0.
RONDA GLENN SECRETARY	1	X		X				0.	0.	0.
DON ALSMAN DIRECTOR	1	X						0.	0.	0.
BERNIE ANDERSON DIRECTOR	1	X						0.	0.	0.
DAVE BUTCHER DIRECTOR	1	X						0.	0.	0.
NETIA CAREY DIRECTOR	1	X						0.	0.	0.
TIM KELLY DIRECTOR	1	X						0.	0.	0.
CHARLIE FARNER DIRECTOR	1	X						0.	0.	0.
CARRIE HAAS DIRECTOR	1	X						0.	0.	0.
MARK DEKEERSGIETER DIRECTOR	1	X						0.	0.	0.
ABBY WALSH DIRECTOR	1	X						0.	0.	0.
GREG COOK DIRECTOR	1	X						0.	0.	0.
KAREN HUBER DIRECTOR	1	X						0.	0.	0.
RICK GLASS EXECUTIVE DIREC	40			X				100,124.	0.	1,720.



**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns.....	1 a					
	b Membership dues.....	1 b					
	c Fundraising events.....	1 c					
	d Related organizations.....	1 d					
	e Government grants (contributions).....	1 e	5,403,430.				
	f All other contributions, gifts, grants, and similar amounts not included above....	1 f	188,368.				
	g Noncash contribns included in lns 1a-1f: ... \$						
h Total. Add lines 1a-1f.....			5,591,798.				
PROGRAM SERVICE REVENUE	2 a PRIVATE PAY		Business Code	17,071.	17,071.		
	b						
	c						
	d						
	e						
	f All other program service revenue ...						
	g Total. Add lines 2a-2f.....			17,071.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts).....			3,976.	3,976.		
	4 Income from investment of tax-exempt bond proceeds.....						
	5 Royalties.....						
	6 a Gross Rents.....	(i) Real	(ii) Personal				
		b Less: rental expenses.....					
		c Rental income or (loss).....					
		d Net rental income or (loss).....					
	7 a Gross amount from sales of assets other than inventory.....	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses.....					
		c Gain or (loss).....		11,300.			
		d Net gain or (loss).....			11,300.	11,300.	
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18.....		a	100,296.			
	b Less: direct expenses.....		b	82,069.			
	c Net income or (loss) from fundraising events.....			18,227.	18,227.		
	9 a Gross income from gaming activities. See Part IV, line 19.....		a				
b Less: direct expenses.....		b					
c Net income or (loss) from gaming activities.....							
10 a Gross sales of inventory, less returns and allowances.....		a	69,617.				
b Less: cost of goods sold.....		b					
c Net income or (loss) from sales of inventory.....			69,617.		69,617.		
Miscellaneous Revenue		Business Code					
11 a CASPER INCOME			10,463.	10,463.			
b MISCELLANEOUS INCOME			477.	477.			
c							
d All other revenue.....							
e Total. Add lines 11a-11d.....			10,940.				
12 Total revenue. See instructions.....			5,722,929.	61,514.	69,617.	0.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21.....				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22.....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16.....				
4 Benefits paid to or for members.....				
5 Compensation of current officers, directors, trustees, and key employees.....	100,124.	0.	100,124.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)).....	0.	0.	0.	0.
7 Other salaries and wages.....	3,311,081.	3,114,629.	183,973.	12,479.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions).....	21,610.	19,541.	2,069.	
9 Other employee benefits.....	198,389.	155,481.	40,020.	2,888.
10 Payroll taxes.....	318,911.	279,672.	36,306.	2,933.
11 Fees for services (non-employees).....				
a Management.....				
b Legal.....	4,612.		4,612.	
c Accounting.....	13,967.		13,967.	
d Lobbying.....	3,600.		3,600.	
e Prof fundraising svcs. See Part IV, ln 17.....				
f Investment management fees.....				
g Other.....				
12 Advertising and promotion.....	6,878.	4,065.	2,813.	
13 Office expenses.....	15,418.	3,370.	12,005.	43.
14 Information technology.....	18,474.		18,474.	
15 Royalties.....				
16 Occupancy.....	342,343.	279,990.	62,353.	
17 Travel.....	132,516.	114,762.	17,164.	590.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.....				
19 Conferences, conventions, and meetings.....	10,866.	7,450.	3,381.	35.
20 Interest.....	89,459.	84,216.	5,243.	
21 Payments to affiliates.....				
22 Depreciation, depletion, and amortization.....	281,828.	281,828.		
23 Insurance.....	25,333.		25,333.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.).....				
a PROGRAM CONSULTANTS.....	372,183.	340,225.	18,767.	13,191.
b SUPPLIES.....	219,304.	201,056.	18,248.	
c WORKMEN'S COMP.....	134,508.	124,083.	8,294.	2,131.
d SMALL EQUIPMENT.....	28,373.	4,680.	23,693.	
e EMPLOYMENT SCREENING.....	16,745.	10,500.	6,245.	
f All other expenses.....	41,944.	9,328.	27,393.	5,223.
25 Total functional expenses. Add lines 1 through 24f.....	5,708,466.	5,034,876.	634,077.	39,513.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.....				

**Part X Balance Sheet**

		(A)		(B)	
		Beginning of year		End of year	
ASSETS	1	Cash — non-interest-bearing .....	118,853.	1	205,095.
	2	Savings and temporary cash investments .....	32,144.	2	38,126.
	3	Pledges and grants receivable, net .....	88,189.	3	383,200.
	4	Accounts receivable, net .....	751,210.	4	1,226,996.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.....		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L ..		6	
	7	Notes and loans receivable, net .....		7	
	8	Inventories for sale or use.....		8	
	9	Prepaid expenses and deferred charges .....	80,732.	9	87,998.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,840,523.		
	b	Less: accumulated depreciation.....	10b 1,834,412.	3,186,646.	10c 3,006,111.
	11	Investments — publicly-traded securities .....		11	
	12	Investments — other securities. See Part IV, line 11.....		12	
	13	Investments — program-related. See Part IV, line 11.....		13	
	14	Intangible assets .....		14	
	15	Other assets. See Part IV, line 11.....	48,711.	15	136,253.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34).....	4,306,485.	16	5,083,779.	
LIABILITIES	17	Accounts payable and accrued expenses.....	490,732.	17	1,089,857.
	18	Grants payable .....		18	
	19	Deferred revenue .....	7,830.	19	7,842.
	20	Tax-exempt bond liabilities.....		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.....		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.....		22	
	23	Secured mortgages and notes payable to unrelated third parties.....	2,072,735.	23	1,836,428.
	24	Unsecured notes and loans payable to unrelated third parties.....		24	
	25	Other liabilities. Complete Part X of Schedule D.....	50,000.	25	450,000.
	26	<b>Total liabilities.</b> Add lines 17 through 25.....	2,621,297.	26	3,384,127.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.				
	27	Unrestricted net assets.....	582,433.	27	585,597.
	28	Temporarily restricted net assets .....	1,102,755.	28	1,114,055.
	29	Permanently restricted net assets .....		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds.....		30	
	31	Paid-in or capital surplus, or land, building, and equipment fund.....		31	
	32	Retained earnings, endowment, accumulated income, or other funds.....		32	
33	<b>Total net assets or fund balances.</b> .....	1,685,188.	33	1,699,652.	
34	<b>Total liabilities and net assets/fund balances.</b> .....	4,306,485.	34	5,083,779.	

BAA

**Part XI** Financial Statements and Reporting

1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?.....

b Were the organization's financial statements audited by an independent accountant? .....

c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:.....

Separate basis  Consolidated basis  Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?.....

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.....

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

BAA

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

Department of the Treasury Internal Revenue Service

Name of the organization

MARCFIRST

Employer identification number

37-6017635

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

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

- 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
a [ ] Type I b [ ] Type II c [ ] Type III - Functionally integrated d [ ] Type III - Other
e [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box. [ ]
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

Table with 3 columns: Question (i), (ii), (iii) and 2 columns: Yes, No. Row 1: (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11 g (i)
Row 2: (ii) a family member of a person described in (i) above? 11 g (ii)
Row 3: (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii)

Table with 7 columns: (i) Name of Supported Organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col. (i) listed in your governing document?, (v) Did you notify the organization in col. (i) of your support?, (vi) Is the organization in col. (i) organized in the U.S., (vii) Amount of Support. Includes a Total row at the bottom.

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')...	6,522,216.	6,478,497.	6,500,625.	6,380,110.	5,608,869.	31,490,317.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.....						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.....						0.
4 Total. Add lines 1-through 3....	6,522,216.	6,478,497.	6,500,625.	6,380,110.	5,608,869.	31,490,317.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)...						0.
6 Public support. Subtract line 5 from line 4.....						31,490,317.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4.....	6,522,216.	6,478,497.	6,500,625.	6,380,110.	5,608,869.	31,490,317.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.....	4,216.	8,923.	10,641.	2,575.	3,976.	30,331.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.....					-12,982.	-12,982.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV.....		153,532.	159,290.	125,251.	111,236.	549,309.
11 Total support. Add lines 7 through 10.....						32,056,975.
12 Gross receipts from related activities, etc. (see instructions).....					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)).....	14	98.2 %
15 Public support percentage from 2008 Schedule A, Part II, line 14.....	15	0.0 %
16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.....	<input checked="" type="checkbox"/>	
b 33-1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.....	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test – 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.....	<input type="checkbox"/>	
b 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.....	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions..	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)...						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513.....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge....						
<b>6 Total.</b> Add lines 1 through 5....						
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons.....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year.....						
<b>c</b> Add lines 7a and 7b.....						
<b>8 Public support</b> (Subtract line 7c from line 6.).....						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6.....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975....						
<b>c</b> Add lines 10a and 10b.....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).....						
<b>13 Total support.</b> (add lns 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)).....	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15.....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)).....	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17.....	<b>18</b>	%

**19a 33-1/3 support tests – 2009.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

**b 33-1/3 support tests – 2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

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

Area with horizontal dashed lines for supplemental information.

2009

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

CLIENT 42605MF

MARCFIRST

37-6017635

11/09/10

01:56PM

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2009	2008	2007	2006	2005
MISCELLANEOUS	10,940.	11,196.	49,385.	42,997.	
SPECIAL EVENTS	100,296.	114,055.	109,905.	110,535.	
TOTAL	<u>\$ 111,236.</u>	<u>\$ 125,251.</u>	<u>\$ 159,290.</u>	<u>\$ 153,532.</u>	<u>\$ 0.</u>

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

▶ **Complete if the organization is described below.**

▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

**If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: complete Part I-A only.

**If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

MARCFIRST

Employer identification number

37-6017635

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures. ▶ \$ \_\_\_\_\_
- 3 Volunteer hours. \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. ▶ \$ \_\_\_\_\_ 0.
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955. ▶ \$ \_\_\_\_\_ 0.
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If 'Yes,' describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c) , except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities. ▶ \$ \_\_\_\_\_
- 3 Total of exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b. ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check  if the filing organization belongs to an affiliated group.
- B Check  if the filing organization checked box A and 'limited control' provisions apply.

**Limits on Lobbying Expenditures --**  
(The term 'expenditures' means amounts paid or incurred.)

- 1 a Total lobbying expenditures to influence public opinion (grass roots lobbying) .....
- b Total lobbying expenditures to influence a legislative body (direct lobbying) .....
- c Total lobbying expenditures (add lines 1a and 1b) .....
- d Other exempt purpose expenditures .....
- e Total exempt purpose expenditures (add lines 1c and 1d) .....

f Lobbying nontaxable amount. Enter the amount from the following table in both columns.

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.

	(a) Filing organization's totals	(b) Affiliated group totals
1 a		
b		
c		
d		
e		
f		
g		
h		
i		

- g Grassroots nontaxable amount (enter 25% of line 1f) .....
- h Subtract line 1g from line 1a. If zero or less, enter -0- .....
- i Subtract line 1f from line 1c. If zero or less, enter -0- .....

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  Yes  No

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2 a Lobbying non-taxable amount .....					
b Lobbying ceiling amount (150% of line 2a, column (e)) .....					
c Total lobbying expenditures .....					
d Grassroots nontaxable amount .....					
e Grassroots ceiling amount (150% of line 2d, column (e)) .....					
f Grassroots lobbying expenditures .....					

BAA

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers? .....		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....		X	
c Media advertisements? .....		X	
d Mailings to members, legislators, or the public? .....		X	
e Publications, or published or broadcast statements? .....		X	
f Grants to other organizations for lobbying purposes? .....		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body? .....		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
i Other activities? If 'Yes,' describe in Part IV. .... SEE PART IV .....	X		3,600.
j Total. Add lines 1c through 1i .....			3,600.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
b If 'Yes,' enter the amount of any tax incurred under section 4912. ....			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912. ....			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....		X	

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members? .....	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year? .....	3	

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, line 3 is answered 'Yes.'

1 Dues, assessments and similar amounts from members .....	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year .....	2a	
b Carryover from last year .....	2b	
c Total .....	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	4	
5 Taxable amount of lobbying and political expenditures (see instructions) .....	5	

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

**PART II-B, LINE 1I - OTHER ACTIVITIES DESCRIPTION**

MARCFIRST PAYS AN OUTSIDE CONSULTANT TO KEEP THE AGENCY INFORMED OF LEGISLATION THAT WILL AFFECT ITS OPERATIONS AND TO ASSIST THE AGENCY, ALONG WITH OTHER SIMILAR AGENCIES IN THE STATE, IN MAKING THEIR CONCERNS KNOWN TO LEGISLATORS.

**Part IV** Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

MARCFIRST

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions

OMB No. 1545-0047

2009

Open to Public Inspection

Employer Identification number

37-6017635

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two questions about donor advisement.

Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

Table with 3 columns: Question, Held at the End of the Year. Rows include purpose of easements, total number, acreage, modified easements, monitoring policy, staff hours, expenses, and section 170(h)(4)(B)(i) and (ii) requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

Table with 3 columns: Question, Amount. Rows include reporting requirements for art and historical treasures, and amounts required to be reported under SFAS 116.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements** Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
1c Beginning balance.....	
1d Additions during the year.....	
1e Distributions during the year.....	
1f Ending balance.....	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If 'Yes,' explain the arrangement in Part XIV.

**Part V Endowment Funds** Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance.....					
b Contributions.....					
c Net investment earnings, gains, and losses.....					
d Grants or scholarships.....					
e Other expenditures for facilities and programs.....					
f Administrative expenses.....					
g End of year balance.....					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %
- b Permanent endowment ▶ \_\_\_\_\_ %
- c Term endowment ▶ \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations.....	3a(i)	
(ii) related organizations.....	3a(ii)	
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?.....	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land.....	523,286.			523,286.
b Buildings.....	3,273,251.		1,019,099.	2,254,152.
c Leasehold improvements.....				
d Equipment.....	534,293.		396,636.	137,657.
e Other.....	509,693.		418,677.	91,016.
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				<b>3,006,111.</b>



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)		5,722,929.
2	Total expenses (Form 990, Part IX, column (A), line 25)		5,708,466.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		14,463.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net). Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		14,463.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements		1	5,804,997.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV) ... SEE PART XIV	2d	82,068.	
e	Add lines 2a through 2d	2e		82,068.
3	Subtract line 2e from line 1	3		5,722,929.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
c	Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		5,722,929.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements		1	5,790,534.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIV) ... SEE PART XIV	2d	82,068.	
e	Add lines 2a through 2d	2e		82,068.
3	Subtract line 2e from line 1	3		5,708,466.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
c	Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		5,708,466.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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**Part XIV** Supplemental Information *(continued)*

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2009

SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

CLIENT 42605MF

MARCFIRST

37-6017635

11/09/10

01:56PM

SCHEDULE D, PART XII, LINE 2D  
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

DIRECT FUNDRAISING EXPENSE NETTED ON 990.....	\$	82,068.
TOTAL	\$	<u>82,068.</u>

SCHEDULE D, PART XIII, LINE 2D  
OTHER EXPENSES AND LOSSES PER AUDITED F/S

DIRECT FUNDRAISING EXPENSE NETTED ON 990.....	\$	82,068.
TOTAL	\$	<u>82,068.</u>



**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
		MARTINI'S FOR (event type)	GOLF OUTING (event type)	1 (total number)	(Add col. (a) through col. (c))	
REVENUE	1	Gross receipts.....	38,158.	33,885.	26,578.	98,621.
	2	Less: Charitable contributions.....				
	3	Gross income (line 1 minus line 2).....	38,158.	33,885.	26,578.	98,621.
DIRECT EXPENSES	4	Cash prizes.....				
	5	Noncash prizes.....				
	6	Rent/facility costs.....				
	7	Food and beverages.....				
	8	Entertainment.....				
	9	Other direct expenses.....	25,343.	27,506.	16,862.	69,711.
	10	Direct expense summary. Add lines 4- through 9 in column (d).....				69,711.
	11	Net income summary. Combine lines 3, column (d) and line 10.....				28,910.

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col. (a) through col. (c))
REVENUE	1	Gross revenue.....			
DIRECT EXPENSES	2	Cash prizes.....			
	3	Non-cash prizes.....			
	4	Rent/facility costs.....			
	5	Other direct expenses.....			
	6	Volunteer labor.....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d).....			
	8	Net gaming income summary. Combine lines 1, column (d) and line 7.....			

	YES	NO
9 Enter the state(s) in which the organization operates gaming activities: _____ a Is the organization licensed to operate gaming activities in each of these states?..... b If 'No,' explain: -----	9a	
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?..... b If 'Yes,' explain: -----	10a	
11 Does the organization operate gaming activities with nonmembers?.....	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?.....	12	

		YES	NO
<b>13</b> Indicate the percentage of gaming activity operated in:			
<b>a</b> The organization's facility .....	<b>13a</b> %		
<b>b</b> An outside facility .....	<b>13b</b> %		
<b>14</b> Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
Name: ▶ -----			
Address: ▶ -----			
<b>15a</b> Does the organization have a contact with a third party from whom the organization receives gaming revenue?.....		<b>15a</b>	
<b>b</b> If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____.			
<b>c</b> If 'Yes,' enter name and address of the third party:			
Name: ▶ -----			
Address: ▶ -----			
<b>16</b> Gaming manager information			
Name: ▶ -----			
Gaming manager compensation ▶ \$ _____			
Description of services provided: ▶ -----			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b> Mandatory distributions			
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?.....		<b>17a</b>	
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ▶ \$ _____			

SCHEDULE O  
(Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2009

Open to Public  
Inspection

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

MARCFIRST

Employer identification number

37-6017635

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

MARCFIST'S MISSION IS TO GUARANTEE THE PERSONAL DIGNITY OF PEOPLE WITH DEVELOPMENTAL  
DISABILITIES AND TO PROMOTE THEIR PERSONAL ACHIEVEMENTS BASED ON THEIR DREAMS,  
DESIRES, AND ABILITIES. OUR VISION IS TO BECOME A BRIDGE TO A COMMUNITY WHERE ALL  
PEOPLE CAN PURSUE AND ACHIEVE THEIR DREAMS THOROUGHOUT THEIR LIVES.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

CLIENT AND FAMILY SERVICES

DEVELOPMENTAL TRAINING

TREATMENT/HABILITATION - RESIDENTIAL 12 UNIT

JANITORIAL SERVICES

RESIDENTIAL LIVING AND SUPPORT FOR INDIVIDUAL RESIDENTS WHO ARE DEVELOPMENTALLY  
DISABLED

OPTIONS

TREATMENT/HABILITATION - RESIDENTIAL 8 UNIT

FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS

990 WAS PROVIDED TO ALL BOARD MEMBERS FOR REVIEW AND APPROVAL AT A BOARD MEETING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

CONFLICTS OF INTERESTS ARE REVIEWED BY THE BOARD OF DIRECTORS AS THEY ARISE AND  
NECESSARY ACTION IS TAKEN AS REQUIRED BY THE SITUATION.

Name of the organization

Employer identification number

MARCFIRST

37-6017635

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MGT

BOARD OF DIRECTORS/HUMAN RESOURCE COMMITTEE REVIEWS THEM ANNUALLY.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

AVAILABLE UPON REQUEST

Schedule O (Form 990) 2009

Name of the organization

Employer identification number

37-6017635

MARCFIRST

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## Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.*

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only.   
*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>  <small>File by the due date for filing your return. See instructions.</small>	Name of Exempt Organization <b>MARCFIRST</b>	Employer identification number <b>37-6017635</b>
	Number, street, and room or suite number. If a P.O. box, see instructions. <b>1606 HUNT DRIVE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NORMAL, IL 61761-2192</b>	

**Check type of return to be filed** (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of. ▶ MINDY MURPHY
- Telephone No. ▶ 309-451-8888 FAX No. ▶ 309-451-8989
- If the organization does not have an office or place of business in the United States, check this box.
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box. . If it is for part of the group, check this box.  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 11, to file the exempt organization return for the organization named above.  
 The extension is for the organization's return for:

- ▶  calendar year 20\_\_ or
- ▶  tax year beginning 7/01, 20 09, and ending 6/30, 20 10.

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.



Form **990-T**

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0687

For calendar year 2009 or other tax year beginning 7/01, 2009,  
and ending 6/30, 2010

**2009**

Open to Public Inspection for 501(c)(3) Organizations Only

▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service (77)

<b>A</b> <input type="checkbox"/> Check box if address changed <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(C)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	<b>Print or Type</b> MARCFIRST 1606 HUNT DRIVE NORMAL, IL 61761-2192	<b>D</b> Employer identification number (Employees' trust, see instructions for Block D.) 37-6017635
		<b>E</b> Unrelated business activity codes (See instructions for Block E.) 561700

**C** Book value of all assets at end of year: 5,083,779.

**F** Group exemption number (See instructions for Block F.) ▶

**G** Check organization type:  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Describe the organization's primary unrelated business activity.  
▶

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ...  Yes  No  
If 'Yes,' enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of: ▶ MINDY MURPHY Telephone number ▶ 309-451-8888

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales .....	69,617.		
b	Less returns and allowances ...			
c Balance ▶		69,617.		
2	Cost of goods sold (Schedule A, line 7) .....			
3	Gross profit. Subtract line 2 from line 1c .....	69,617.		69,617.
4a	Capital gain net income (attach Schedule D) .....			
4b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) .....			
4c	Capital loss deduction for trusts .....			
5	Income (loss) from partnerships and S corporations (attach statement) .....			
6	Rent income (Schedule C) .....			
7	Unrelated debt-financed income (Schedule E) .....			
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F) .....			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Sch G) .....			
10	Exploited exempt activity income (Schedule I) .....			
11	Advertising income (Schedule J) .....			
12	Other income (See instructions; attach schedule.) .....			
13	<b>Total.</b> Combine lines 3 through 12 .....	69,617.	0.	69,617.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)		(Except for contributions, deductions must be directly connected with the unrelated business income.)	
14	Compensation of officers, directors, and trustees (Schedule K) .....	14	
15	Salaries and wages .....	15	59,514.
16	Repairs and maintenance .....	16	
17	Bad debts .....	17	
18	Interest (attach schedule) .....	18	87.
19	Taxes and licenses .....	19	
20	Charitable contributions (See instructions for limitation rules.) .....	20	
21	Depreciation (attach Form 4562) .....	21	386.
22	Less depreciation claimed on Schedule A and elsewhere on return .....	22a	
23	Depletion .....	22b	386.
24	Contributions to deferred compensation plans .....	23	
25	Employee benefit programs .....	24	
26	Excess exempt expenses (Schedule I) .....	25	
27	Excess readership costs (Schedule J) .....	26	
28	Other deductions (attach schedule) .....	27	
29	<b>Total deductions.</b> Add lines 14 through 28 .....	28	22,612.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 .....	29	82,599.
31	Net operating loss deduction (limited to the amount on line 30) .....	30	-12,982.
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 .....	31	
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) .....	32	-12,982.
34	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32. ....	33	
		34	-12,982.

**Part III Tax Computation**

**35 Organizations Taxable as Corporations.** See instructions for tax computation.  
 Controlled group members (sections 1561 and 1563) check here . See instructions and:  
**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):  
 (1) \$ \_\_\_\_\_ (2) \$ \_\_\_\_\_ (3) \$ \_\_\_\_\_  
**b** Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) ..... \$ \_\_\_\_\_  
 (2) Additional 3% tax (not more than \$100,000) ..... \$ \_\_\_\_\_  
**c** Income tax on the amount on line 34 ..... **35c** 0.

**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from:  Tax rate schedule or  Schedule D (Form 1041) ..... **36**  
 ..... **37**

**37 Proxy tax.** See instructions. .... **38**

**38 Alternative minimum tax.** ..... **39** 0.

**39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies. .... **39** 0.

**Part IV Tax and Payments**

**40a Foreign tax credit** (corporations attach Form 1118; trusts attach Form 1116) .... **40a**  
**b Other credits** (see instructions) ..... **40b**  
**c General business credit.** Attach Form 3800. .... **40c**  
**d Credit for prior year minimum tax** (attach Form 8801 or 8827) ..... **40d**  
**e Total credits.** Add lines 40a through 40d. .... **40e** 0.

**41** Subtract line 40e from line 39. .... **41** 0.

**42 Other taxes.** Check if from:  Form 4255  Form 8611..  Form 8697  Form 8866  
 Other (attach schedule) ..... **42**  
 ..... **43** 0.

**43 Total tax.** Add lines 41 and 42. .... **43**

**44a Payments:** A 2008 overpayment credited to 2009 ..... **44a**  
**b 2009 estimated tax payments** ..... **44b**  
**c Tax deposited with Form 8868.** ..... **44c**  
**d Foreign organizations: Tax paid or withheld at source** (see instructions) ..... **44d**  
**e Backup withholding** (see instructions) ..... **44e**  
**f Other credits and payments:**  Form 2439 \_\_\_\_\_  Form 4136 \_\_\_\_\_  Other \_\_\_\_\_ Total ... **44f**

**45 Total payments.** Add lines 44a through 44f. .... **45** 0.

**46 Estimated tax penalty** (see instructions). Check if Form 2220 is attached. ....  **46**

**47 Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed. .... **47**

**48 Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid. .... **48**

**49 Enter the amount of line 48 you want:** Credited to 2010 estimated tax  Refunded  **49**

**Part V Statements Regarding Certain Activities and Other Information** (see instructions.)

**1** At any time during the 2009 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here. ....  Yes  No

**2** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see the instructions for other forms the organization may have to file. ....  Yes  No

**3** Enter the amount of tax-exempt interest received or accrued during the tax year  $\$$  0. ....  Yes  No

**Schedule A -- Cost of Goods Sold.** Enter method of inventory valuation  $\blacktriangleright$  COST

<b>1</b> Inventory at beginning of year ..... <b>1</b>	<b>6</b> Inventory at end of year ..... <b>6</b>		
<b>2</b> Purchases ..... <b>2</b>	<b>7 Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2 ..... <b>7</b>		
<b>3</b> Cost of labor ..... <b>3</b>			
<b>4a</b> Additional section 263A costs (attach schedule) ..... <b>4a</b>			
<b>b</b> Other costs (attach sch) ..... <b>4b</b>			
<b>5 Total.</b> Add lines 1 through 4b. .... <b>5</b>			
	<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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

**Sign Here**

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_ Title: \_\_\_\_\_

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

**Paid Preparer's Use Only**

Preparer's signature: Dawn M. Carlson Date: 12/18/10 Check if self-employed  Preparer's SSN or PTIN: P00834818

Firm's name (or yours if self-employed), address, and ZIP code: SULASKI AND WEBB, CPAS  
207 W. JEFFERSON, STE. 203  
BLOOMINGTON, IL 61701 EIN: 37-1142100 Phone no.: (309) 828-6071

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)** (see instructions)

1 Description of property		2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	(1)	(2)	
(1)				
(2)				
(3)				
(4)				
Total		Total		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B).

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A).

**Schedule E – Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach sch)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).

Total dividends-received deductions included in column 8.

**Schedule F – Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1 Name of Controlled Organization	2 Employer Identification Number	Exempt Controlled Organizations				
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations		7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)						
(2)						
(3)						
(4)						
Totals				Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, part I, line 8, column (B).	

**Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> .....		Enter here and on page 1, Part I, line 10, column (A).	Enter here and on page 1, Part I, line 10, column (B).			Enter here and on page 1, Part II, line 26.

**Schedule J – Advertising Income** (See instructions.)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)).						

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>(5) Totals from Part I</b> .....						
<b>Totals, Part II</b> (lines 1-5)		Enter here and on page 1, Part I, line 11, column (A).	Enter here and on page 1, Part I, line 11, column (B).			Enter here and on page 1, Part II, line 27.

**Schedule K – Compensation of Officers, Directors, and Trustees** (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business

**Total.** Enter here and on page 1, Part II, line 14 .....

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FEDERAL STATEMENTS

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STATEMENT 1  
FORM 990-T, PART II, LINE 18  
INTEREST EXPENSE

INTEREST - CREDIT LINE.....	\$	87.
TOTAL	\$	<u>87.</u>

STATEMENT 2  
FORM 990-T, PART II, LINE 28  
OTHER DEDUCTIONS

ADVERTISING.....	\$	262.
INSURANCE.....		2,198.
MISCELLANEOUS.....		40.
OCCUPANCY.....		1,873.
OFFICE SUPPLIES.....		246.
PAYROLL TAXES.....		7,937.
PHYSICAL EXAMS.....		23.
PROGRAM CONSULTANTS.....		412.
PROGRAM SUPPLIES.....		3,293.
RENT.....		188.
SMALL EQUIPMENT.....		1,352.
TRANSPORTATION.....		3,556.
WORKMEN'S COMP.....		1,232.
TOTAL	\$	<u>22,612.</u>

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GENERAL ELECTIONS

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**ELECTION TO WAIVE NET OPERATING LOSS CARRYBACK**

PURSUANT TO IRC SECTION 172(B)(3), THE ORGANIZATION HEREBY ELECTS TO RELINQUISH THE ENTIRE CARRYBACK PERIOD WITH RESPECT TO THE NET OPERATING LOSS INCURRED FOR THE TAX YEAR ENDED 6/30/10.

**ELECTION TO DEPRECIATE MACRS PROPERTY UNDER THE STRAIGHT LINE METHOD**

PURSUANT TO IRC SECTION 168(B)(3)(D), THE ORGANIZATION HEREBY ELECTS TO DEPRECIATE THE FOLLOWING PROPERTY PLACED IN SERVICE IN THE TAX YEAR ENDED 6/30/10 UNDER THE STRAIGHT LINE METHOD.

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only.   
*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>	Name of Exempt Organization <b>MARCFIRST</b>	Employer identification number <b>37-6017635</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. <b>1606 HUNT DRIVE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NORMAL, IL 61761-2192</b>	

**Check type of return to be filed** (file a separate application for each return):

<input type="checkbox"/> Form 990	<input checked="" type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of. ▶ MINDY MURPHY
- Telephone No. ▶ 309-451-8888 FAX No. ▶ 309-451-8989
- If the organization does not have an office or place of business in the United States, check this box.
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box. . If it is for part of the group, check this box.  and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 5/15, 20 11, to file the exempt organization return for the organization named above.  
 The extension is for the organization's return for:  
 ▶  calendar year 20\_\_ or  
 ▶  tax year beginning 7/01, 20 09, and ending 6/30, 20 10.

**2** If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b> \$ 0.
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b> \$ 0.
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b> \$ 0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.