

Return of Organization Exempt From Income Tax

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.

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization TRI-COUNTY OPPORTUNITIES COUNCIL		D Employer identification number 36-2559180
	Doing Business As		E Telephone number 815-625-7830
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 23,346,777.
	405 EMMONS AVENUE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or country, and ZIP + 4 ROCK FALLS, IL 61071		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No," attach a list. (see instructions)
F Name and address of principal officer: SANDRA JULIFS SAME AS C ABOVE		H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.TCOHELPS.COM			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1965 M State of legal domicile: IL	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE TRI-COUNTY OPPORTUNITIES COUNCIL PURPOSE IS TO PREVENT, ALLEVIATE AND ELIMINATE POVERTY		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	40
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	40
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	433
	6 Total number of volunteers (estimate if necessary)	6	120
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	-3,325.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 20,307,305.	Current Year 23,075,562.
	9 Program service revenue (Part VIII, line 2g)	232,212.	219,313.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	36,340.	9,057.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	50,540.	18,029.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,626,397.	23,321,961.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,548,583.	12,076,754.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,445,409.	8,286,464.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 735.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,298,098.	2,563,417.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	20,292,090.	22,926,635.	
19 Revenue less expenses. Subtract line 18 from line 12	334,307.	395,326.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 4,582,939.	End of Year 4,795,299.
	21 Total liabilities (Part X, line 26)	3,311,054.	3,116,930.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,271,885.	1,678,369.

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		
	SANDRA JULIFS, PRESIDENT/CEO				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	GARY NEUBAUER				
Paid Preparer Use Only	Firm's name ▶	Firm's EIN ▶			
	SIKICH LLP				
Paid Preparer Use Only	Firm's address ▶	Phone no. (217) 793-3363			
	3201 WEST WHITE OAKS DRIVE, SUITE 102 SPRINGFIELD, IL 62704				

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: TRI-COUNTY OPPORTUNITIES COUNCIL'S PRIMARY MISSION IS TO PREVENT, ALLEVIATE AND ELIMINATE POVERTY WITHIN THE COMMUNITY.

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

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

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:) (Expenses \$ 7,005,097. including grants of \$) (Revenue \$) ENERGY ASSISTANCE - THESE PROGRAMS ASSIST HOUSEHOLDS AT OR BELOW 150% OF POVERTY WITH THEIR HOME ENERGY NEEDS. PAYMENTS MAY BE DIRECT VENDOR PAYMENTS OR EMERGENCY SERVICE PAYMENTS IF A UTILITY IS DISCONNECTED. THIS PROGRAM CAN ALSO ASSIST WITH FURNACE REPAIR OR REPLACEMENT FOR ELIGIBLE HOMEOWNERS. OTHER ENERGY SAVING PROGRAMS THROUGH COMED AND AMEREN ARE OFFERED FOR CUSTOMERS OF THOSE UTILITIES. WE EXPECT TO SERVE OVER 11,000 HOUSEHOLDS THIS YEAR USING FEDERAL, STATE AND UTILITY COMPANY FUNDS. FINANCIAL LITERACY, ENERGY CONSERVATION INFORMATION AND ENERGY KITS ARE ALSO PROVIDED TO PROGRAM PARTICIPANTS.

4b (Code:) (Expenses \$ 5,624,787. including grants of \$) (Revenue \$) HEAD START - A COMPREHENSIVE CHILD AND FAMILY DEVELOPMENT PROGRAM, HEAD START ANNUALLY PROVIDES CENTER AND HOME-BASED SERVICES FOR 722 THREE AND FOUR YEAR OLD LOW-INCOME CHILDREN. THE PROGRAM OPERATES 22 LICENSED CENTERS WITH 29 PART-DAY CLASSES, 9 EXTENDED DAY CLASSES, AND ONE FULL-DAY, FULL-YEAR CLASS. THERE ARE ALSO 11 HOME-BASED SLOTS AVAILABLE FOR THOSE WHO WISH THAT OPTION. THE PROGRAM PARTNERS WITH TWO CHILDCARE CENTERS FOR COLLABORATIVE FULL-DAY, FULL-YEAR SERVICES FOR WORKING FAMILIES. KEY COMPONENTS OF THE PROGRAM ARE: SCHOOL READINESS SKILLS; SOCIAL AND EMOTIONAL DEVELOPMENT; MEDICAL, DENTAL, MENTAL HEALTH AND NUTRITION SERVICES; SUPPORT TO CHILDREN WITH DISABILITIES AND SPECIAL NEEDS; FAMILY SUPPORTIVE SERVICES; AND, PARENT EDUCATION AND INVOLVEMENT OPPORTUNITIES. EARLY HEAD START SERVICES WERE

4c (Code:) (Expenses \$ 3,735,789. including grants of \$) (Revenue \$) HOME WEATHERIZATION - FUNDED BY HHS, DOE AND STATE OF ILLINOIS FUNDS, TCOC MADE 667 HOMES MORE ENERGY EFFICIENT, DURING 2010, FOR THEIR LOW-INCOME RESIDENTS. WEATHERIZATION INCLUDES SUCH MEASURES AS WEATHER STRIPPING, CAULKING, INSULATION, SET-BACK THERMOSTATS, REPLACEMENT OF WINDOWS, DOORS AND REFRIGERATORS, IF NEEDED. THERE IS ALSO A FURNACE REPAIR/REPLACEMENT COMPONENT. THE OUTCOME OF THIS PROGRAM IS TO REDUCE THE AMOUNT OF FUEL NEEDED TO HEAT THE HOME.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 5,034,651. including grants of \$) (Revenue \$)

4e Total program service expenses 21,400,324.

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)? <i>If "Yes," complete Schedule A</i>	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? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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, 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 Section 501(c)(3) and 501(c)(4) organizations. 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 (or a family member thereof) 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)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. 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? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Input box for Schedule O response

Main table with columns for question ID, description, and Yes/No checkboxes. Includes rows 1a-14b with various tax-related questions and numerical inputs.

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.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	1a		40
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b		40
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 governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant 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
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
7b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8a			
b	Each committee with authority to act on behalf of the governing body?	X	
8b			
9	Is there any officer, director, 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	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10b			
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b			
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
12c			
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
15a			
b	Other officers or key employees of the organization	X	
15b			
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 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.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **DAWN KANZLER - 815-625-7830**
405 EMMONS AVENUE, ROCK FALLS, IL 61071

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

Check if Schedule O contains a response to any question in this Part VII

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 organization's tax year.

- 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, if any. See instructions for definition of "key employee."
- 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
MARY KLOPCIC DIRECTOR	0.50	X					0.	0.	0.	
RUTH SABIN DIRECTOR	0.50	X					0.	0.	0.	
KARY VANDEVOORDE DIRECTOR	0.50	X					0.	0.	0.	
RALPH ANDERSON DIRECTOR	0.50	X					0.	0.	0.	
JUANITA RANDKLEV DIRECTOR	0.50	X					0.	0.	0.	
MARLIN JONES DIRECTOR	0.50	X					0.	0.	0.	
FRED PHILIPS DIRECTOR	0.50	X					0.	0.	0.	
KEN KROGULSKI DIRECTOR	0.50	X					0.	0.	0.	
JOSEPH PANZICA JR DIRECTOR	0.50	X					0.	0.	0.	
HERMAN BRUNS DIRECTOR	0.50	X					0.	0.	0.	
DONNA HESS DIRECTOR	0.50	X					0.	0.	0.	
GRACE HUNTER DIRECTOR	0.50	X					0.	0.	0.	
SUSAN BURSZTYNSKY DIRECTOR	0.50	X					0.	0.	0.	
SALLY CHILDERS DIRECTOR	0.50	X					0.	0.	0.	
BERNENE DAHL DIRECTOR	0.50	X					0.	0.	0.	
MARY HEALY DIRECTOR	0.50	X					0.	0.	0.	
LORETTA BROWN DIRECTOR	0.50	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
YVONNE OUKRUST DIRECTOR	0.50	X					0.	0.	0.	
MARVIN WILLIAMS DIRECTOR	0.50	X					0.	0.	0.	
LENORE JOHNSON DIRECTOR	0.50	X					0.	0.	0.	
PATRICK SLOAN DIRECTOR	0.50	X					0.	0.	0.	
CHRISTINA WYSS DIRECTOR	0.50	X					0.	0.	0.	
JIM BARNES DIRECTOR	0.50	X					0.	0.	0.	
BRAD LINDSTROM DIRECTOR	0.50	X					0.	0.	0.	
WILLIAM GASTON DIRECTOR	0.50	X					0.	0.	0.	
BILL WELTY DIRECTOR	0.50	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							134,817.	0.	21,126.	
d Total (add lines 1b and 1c)							134,817.	0.	21,126.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
WILVAR ENTERPRISES 1903 22ND AVENUE, STERLING, IL 61081	REHABILITATION/CONST RUCTION WORK ON HOME	491,088.
B & D SUPPLY COMPANY 101 E 2ND ST., STERLING, IL 61081	REHABILITATION/CONST RUCTION WORK ON HOME	362,499.
D PEPPERS 520 14TH AVENUE, ROCK FALLS, IL 61071	REHABILITATION/CONST RUCTION WORK ON HOME	303,510.
K.C. LILLY CONSTRUCTION 9952 COOKE RD., ROCK FALLS, IL 61071	REHABILITATION/CONST RUCTION WORK ON HOME	272,554.
TOWN & COUNTRY SERVICES 220 LASALLE STREET, TONICA, IL 61370	REHABILITATION/CONST RUCTION WORK ON HOME	239,272.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **5**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(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			
DEE BIAGI DIRECTOR	0.50	X					0.	0.	0.	
JAMES PASSERO DIRECTOR	0.50	X					0.	0.	0.	
JOHN O'NEILL DIRECTOR	0.50	X					0.	0.	0.	
JAMES ROBISON DIRECTOR	0.50	X					0.	0.	0.	
ALBERT HARMON DIRECTOR	0.50	X					0.	0.	0.	
PEGGY SARGENT DIRECTOR	0.50	X					0.	0.	0.	
EDYTHE GEIGER DIRECTOR	0.50	X					0.	0.	0.	
SUE BRITT DIRECTOR	0.50	X					0.	0.	0.	
JULIE JACOBS DIRECTOR	0.50	X					0.	0.	0.	
BARBARA NELSON DIRECTOR	0.50	X					0.	0.	0.	
IRENE LEWIS-WIMBLEY DIRECTOR	0.50	X					0.	0.	0.	
LAURA GONZALEZ DIRECTOR	0.50	X					0.	0.	0.	
LORENE WINFIELD DIRECTOR	0.50	X					0.	0.	0.	
DONALD KOEHLER DIRECTOR	0.50	X					0.	0.	0.	
SANDRA JULIFS PRESIDENT/CEO	40.00			X			81,923.	0.	11,283.	
DAWN KANZLER FISCAL OPERATIONS MANAGER	40.00			X			52,894.	0.	9,843.	
Total to Part VII, Section A, line 1c							134,817.		21,126.	

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	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	22763700.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	311,862.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f		23075562.				
	Program Service Revenue	2 a	HOMEMAKER CLIENT FEES	Business Code 541900	129,112.	129,112.		
b		LOW INCOME HOUSING UNI	531110	90,201.	90,201.			
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		219,313.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		10,197.			10,197.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	35,792.				
		Less: rental expenses	(ii) Personal	23,676.				
		Rental income or (loss)		12,116.				
	d	Net rental income or (loss)		12,116.	12,116.			
	7 a	Gross amount from sales of assets other than inventory	(i) Securities					
		Less: cost or other basis and sales expenses	(ii) Other					
		Gain or (loss)		1,140.				
		Net gain or (loss)		-1,140.	-1,140.			
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	5,869.				
		Less: direct expenses	b					
		Net income or (loss) from fundraising events			5,869.		5,869.	
9 a	Gross income from gaming activities. See Part IV, line 19	a						
	Less: direct expenses	b						
	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a	MISCELLANEOUS	900999	44.	44.				
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d		44.					
12	Total revenue. See instructions.		23321961.	230,333.	0.	16,066.		

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(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	12,076,754.	12,076,754.		
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	155,942.		155,942.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	8,130,522.	7,594,198.	536,324.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	1,256.		1,256.	
c Accounting	47,583.		47,583.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	26,244.	26,244.		
12 Advertising and promotion	13,852.	1,984.	11,868.	
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	475,017.	454,454.	20,563.	
17 Travel	301,302.	293,986.	7,316.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	43,849.	43,849.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	224,886.	211,070.	13,816.	
23 Insurance	87,385.	37,778.	49,607.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a INDIRECT COST ALLOCATIO	546,470.		546,470.	
b SUPPLIES	331,234.	257,061.	74,173.	
c COMMUNICATIONS	111,353.	93,586.	17,767.	
d MAINTENANCE	84,937.	84,937.		
e LEASED EQUIPMENT	4,287.	4,287.		
f All other expenses	263,762.	220,136.	42,891.	735.
25 Total functional expenses. Add lines 1 through 24f	22,926,635.	21,400,324.	1,525,576.	735.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). 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) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	112,387.	1		
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net	1,740,943.	3	1,354,203.	
	4 Accounts receivable, net	823,289.	4	1,102,959.	
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7 Notes and loans receivable, net	58,691.	7	48,879.	
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	308,439.	9	369,851.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,159,153.			
	b Less: accumulated depreciation	10b 2,478,809.	1,318,529.	10c 1,680,344.	
	11 Investments - publicly traded securities	191,661.	11	210,063.	
	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	29,000.	15	29,000.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,582,939.	16	4,795,299.		
Liabilities	17 Accounts payable and accrued expenses	1,927,176.	17	1,892,174.	
	18 Grants payable		18		
	19 Deferred revenue	644,822.	19	38,588.	
	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	739,056.	23	770,183.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D	0.	25	415,985.	
	26 Total liabilities. Add lines 17 through 25	3,311,054.	26	3,116,930.	
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	474,275.	27	476,101.	
	28 Temporarily restricted net assets	797,610.	28	1,202,268.	
	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, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	1,271,885.	33	1,678,369.	
34 Total liabilities and net assets/fund balances	4,582,939.	34	4,795,299.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	23,321,961.
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,926,635.
3	Revenue less expenses. Subtract line 2 from line 1	3	395,326.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,271,885.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	11,158.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,678,369.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	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.	X	
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 separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?	X	
3b	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.	X	

Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization **TRI-COUNTY OPPORTUNITIES COUNCIL** Employer identification number **36-2559180**

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 a 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 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 to 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 it 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?

	Yes	No
(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? 11g(i)		
(ii) A family member of a person described in (i) above? 11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(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
			Yes	No	Yes	No	Yes	No	
Total									

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15503297.	15148037.	16055533.	20126199.	22942259.	89775325.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	82,004.	82,796.	82,830.	83,972.	79,255.	410,857.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	15585301.	15230833.	16138363.	20210171.	23021514.	90186182.
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)						
6 Public support. Subtract line 5 from line 4.						90186182.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	15585301.	15230833.	16138363.	20210171.	23021514.	90186182.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	143,928.	130,670.	150,951.	135,587.	56,602.	617,738.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	4,097.	4,682.	3,694.	1,599.	149,567.	163,639.
11 Total support. Add lines 7 through 10						90967559.
12 Gross receipts from related activities, etc. (see instructions)					12	129,112.
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 2010 (line 6, column (f) divided by line 11, column (f))	14	99.14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	99.15	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and 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 - 2009. 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 - 2010. 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 - 2009. 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 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

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18		%

19a 33 1/3% support tests - 2010. 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 - 2009. If the organization did not check a box on line 14 or line 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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

Name of the organization

Employer identification number

TRI-COUNTY OPPORTUNITIES COUNCIL

36-2559180

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

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

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization TRI-COUNTY OPPORTUNITIES COUNCIL	Employer identification number 36-2559180
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	<u>IL DEPT OF AGING</u> <u>421 E CAPITOL AVE, #100</u> <u>SPRINGFIELD, IL 62701-1789</u>	\$ <u>2,195,282.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	<u>IL DEPT OF COMMERCE & ECONOMIC OPPORTUNITY</u> <u>620 E ADAMS</u> <u>SPRINGFIELD, IL 62701</u>	\$ <u>12,398,842.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	<u>ILLINOIS HOUSING DEVELOPMENT AUTHORITY</u> <u>401 N MICHIGAN AVENUE</u> <u>CHICAGO, IL 60611</u>	\$ <u>730,355.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	<u>U.S. DEPT OF HEALTH & HUMAN SERVICES</u> <u>1250 MARYLAND AVENUE, SW</u> <u>WASHINGTON, DC 20024</u>	\$ <u>6,367,957.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
TRI-COUNTY OPPORTUNITIES COUNCIL	36-2559180

Part II Noncash Property (see instructions)

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

Name of organization	Employer identification number
TRI-COUNTY OPPORTUNITIES COUNCIL	36-2559180

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2010

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.**

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

Name of organization TRI-COUNTY OPPORTUNITIES COUNCIL	Employer identification number 36-2559180
---	---

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 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 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 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 the filing organization made payments. 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.)		(a) Filing organization's totals	(b) Affiliated group totals
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.		
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?		<input type="checkbox"/> Yes	<input type="checkbox"/> 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 on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable 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					

Schedule C (Form 990 or 990-EZ) 2010

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		874.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities? If "Yes," describe in Part IV		X	
j Total. Add lines 1c through 1i			874.
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?			

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, lines 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) nondeductible 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.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

TRI-COUNTY OPPORTUNITIES COUNCIL

Employer identification number

36-2559180

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

- 3 Using the organization's acquisition, accession, 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 the 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 |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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 the 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 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				
b Buildings	1,217,270.		512,863.	704,407.
c Leasehold improvements				
d Equipment	48,171.		28,728.	19,443.
e Other		2,893,712.	1,937,218.	956,494.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,680,344.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) CASH OVERDRAFT	415,985.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	415,985.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	23,321,961.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	22,926,635.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	395,326.
4	Net unrealized gains (losses) on investments	4	11,158.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	11,158.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	406,484.

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	23,955,427.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	11,158.
b	Donated services and use of facilities	2b	598,632.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	23,676.
e	Add lines 2a through 2d	2e	633,466.
3	Subtract line 2e from line 1	3	23,321,961.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment 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	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	23,321,961.

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

1	Total expenses and losses per audited financial statements	1	23,548,943.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	598,632.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	23,676.
e	Add lines 2a through 2d	2e	622,308.
3	Subtract line 2e from line 1	3	22,926,635.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment 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	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	22,926,635.

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.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSE FOR STORAGE UNITS

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSE FOR STORAGE UNITS

INCOME TAXES:

Part XIV Supplemental Information (continued)

TRI-COUNTY OPPORTUNITIES COUNCIL, AS A CHARITABLE ORGANIZATION, IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SIMILAR PROVISIONS OF STATE TAX LAWS AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(2).

IN ACCORDANCE WITH FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ASC 740-10 WHICH ADDRESSES INCOME TAXES, THE COUNCIL BELIEVES THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS RESULTING IN LIABILITIES THAT WOULD HAVE BEEN REQUIRED TO BE RECORDED FOR THE YEAR ENDED DECEMBER 31, 2010.

THE ORGANIZATION'S FORM 990 AND 990-T FOR 2007, 2008, AND 2009 ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE (IRS), GENERALLY FOR THREE YEARS AFTER THEY WERE FILED.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.**

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

TRI-COUNTY OPPORTUNITIES COUNCIL

Employer identification number

36-2559180

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

- 2** Enter total number of section 501(c)(3) and government organizations
- 3** Enter total number of other organizations

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2010)

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
COMMUNITY SERVICE BLOCK GRANT - THIS PROGRAM HELPS TO ALLEVIATE BOTH THE CAUSES AND EFFECTS OF POVERTY. THERE IS AN EQUAL EMPHASIS ON LONG-RANGE PROGRAMS WHICH LIFT INDIVIDUALS OUT OF POVERTY	7030	515,663.	0.		
FOSTER GRANDPARENTS - AS SCHOOL BASED MENTORS, FRIENDS, AND ROLE MODELS, FOSTER GRANDPARENTS WORK ONE-ON-ONE WITH CHILDREN OR IN SMALL GROUPS IN CLASSROOM SETTINGS ASSISTING WITH ACADEMICS,	103	254,178.	0.		
EMERGENCY FOOD AND SHELTER - IN 2010 TCOC AMELIORATED THE EMERGENCY NEEDS OF 4,675 LOW-INCOME PERSONS THROUGH THE PROVISION OF SERVICE VOUCHERS AND/OR FOOD. 35 FAMILIES	4675	149,730.	0.		
HEAD START - THIS PROGRAM PROVIDES COMPREHENSIVE EARLY CHILD DEVELOPMENT FOR DISADVANTAGED PRESCHOOL CHILDREN AND THEIR FAMILIES. KEY COMPONENTS OF THE PROGRAM ARE: SCHOOL READINESS	847	515,622.	0.		
HOMEMAKER PROGRAMS - PROVIDING ASSISTANCE TO PERSONS WITH THE INABILITY TO PERFORM ONE OR MORE INSTRUMENTAL ACTIVITIES OF DAILY LIVING AND GENERAL SUPPORT BY TRAINED AND PROFESSIONALLY	700	118,512.	0.		

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART III, COLUMN (A):

(A) TYPE OF GRANT OR ASSISTANCE: COMMUNITY SERVICE BLOCK GRANT - THIS PROGRAM HELPS TO ALLEVIATE BOTH THE CAUSES AND EFFECTS OF POVERTY. THERE IS AN EQUAL EMPHASIS ON LONG-RANGE PROGRAMS WHICH LIFT INDIVIDUALS OUT OF POVERTY CONDITIONS AND PROGRAMS WHICH RELIEVE THE IMMEDIATE PROBLEMS FACED BY THE POOR.

(A) TYPE OF GRANT OR ASSISTANCE: FOSTER GRANDPARENTS - AS SCHOOL BASED MENTORS, FRIENDS, AND ROLE MODELS, FOSTER GRANDPARENTS WORK ONE-ON-ONE

Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
HOME WEATHERIZATION - THIS PROGRAM IS DESIGNED TO MAKE HOMES MORE ENERGY EFFICIENT FOR LOW-INCOME RESIDENTS. WEATHERIZATION INCLUDES SUCH MEASURES AS WEATHER STRIPPING, CAULKING, INSULATION, SET	667.	3,106,086.	0.		
ENERGY ASSISTANCE PROGRAM - THIS PROGRAM ASSISTS HOUSEHOLDS AT OR BELOW 150% OF POVERTY WITH THEIR HOME ENERGY NEEDS. PAYMENTS MAY BE DIRECT VENDOR PAYMENTS OR EMERGENCY SERVICE PAYMENTS IF A	11,000.	6,663,776.	0.		
HOUSING PROGRAM - THIS PROGRAM IS AFFORDABLE HOUSING FOR LOW-INCOME INDIVIDUALS AND FAMILIES	25.	102,976.	0.		
MODIFICATION LOANS AND RENTAL HOUSING SUPPORT - THESE PROGRAMS PROVIDE FORGIVABLE MODIFICATIN LOANS TO VERY LOW INCOME HOMEOWNERS WITH A PREFERENCE TO EXTREMELY LOW INCOME ELDERLY AND/OR	11.	95,740.	0.		
BUREAU COUNTY FOOD PANTRY - USING VOLUNTEERS, DONATED FUNDS AND FOOD, PLUS EMERGENCY FOOD & SHELTER PROGRAM AND THE UNITED WAY	2,490.	17,857.	0.		
HOMEBUYERS PROGRAM - PROVIDES ASSISTANCE WITH DOWN PAYMENT AND CLOSING COSTS AND COSTS OF REHABILITATING THE PROPERTY.	10.	283,135.	0.		
HOMELESS PREVENTION PROGRAM - PROVIDES SHORT OR MEDIUM TERM RENTAL ASSISTANCE, INCLUDING SECURITY AND UTILITY DEPOSITS AND PAYMENTS. IT ALSO PROVIDES MOVING COST ASSISTANCE AND MOTEL/HOTEL	469.	243,008.	0.		
COMMUNITY PARTNERS - PROVIDES EMPLOYMENT EXPENSES TO APPLICANTS FOR ASSISTANCE WHO HAVE OR WHO WILL BE OBTAINING A JOB.	10.	685.	0.		
TRANSITIONAL HOUSING - PROVIDES TRANSITIONAL HOUSING TO HOMELESS INDIVIDUALS AND FAMILIES.	42.	2,089.	0.		

Part IV Supplemental Information

WITH CHILDREN OR IN SMALL GROUPS IN CLASSROOM SETTINGS ASSISTING WITH ACADEMICS, SOCIAL SKILLS OR OTHER SPECIAL NEEDS. THEY DISPLAY AN ABUNDANCE OF PERSONAL WARMTH, EMOTIONAL MATURITY, AND SOCIAL RESPONSIVENESS. FOSTER GRANDPARENTS HELP CHILDREN LEARN TO SUCCEED AND BE HAPPY.

(A) TYPE OF GRANT OR ASSISTANCE: EMERGENCY FOOD AND SHELTER - IN 2010 TCOC AMELIORATED THE EMERGENCY NEEDS OF 4,675 LOW-INCOME PERSONS THROUGH THE PROVISION OF SERVICE VOUCHERS AND/OR FOOD. 35 FAMILIES OBTAINED TRANSITIONAL HOUSING WITH SUPPORTIVE SERVICES ENABLING THEM TO MOVE TOWARD SELF-SUFFICIENCY AND AWAY FROM FUTURE HOMELESSNESS.

(A) TYPE OF GRANT OR ASSISTANCE: HEAD START - THIS PROGRAM PROVIDES COMPREHENSIVE EARLY CHILD DEVELOPMENT FOR DISADVANTAGED PRESCHOOL CHILDREN AND THEIR FAMILIES. KEY COMPONENTS OF THE PROGRAM ARE: SCHOOL READINESS SKILLS, SOCIAL AND EMOTIONAL DEVELOPMENT, MEDICAL, DENTAL, MENTAL HEALTH, AND NUTRITION SERVICES; SUPPORT TO CHILDREN WITH DISABILITIES AND SPECIAL NEEDS; FAMILY SUPPORTIVE SERVICES, AND PARENT INVOLVEMENT OPPORTUNITIES.

(A) TYPE OF GRANT OR ASSISTANCE: HOMEMAKER PROGRAMS - PROVIDING ASSISTANCE TO PERSONS WITH THE INABILITY TO PERFORM ONE OR MORE INSTRUMENTAL ACTIVITIES OF DAILY LIVING AND GENERAL SUPPORT BY TRAINED AND PROFESSIONALLY SUPERVISED HOMEMAKERS TO MAINTAIN, STRENGTHEN, AND SAFEGUARD THE FUNCTIONING OF INDIVIDUALS AND FAMILIES IN THEIR HOMES WHEN NO RESPONSIBLE AND CAPABLE PERSON IS AVAILABLE FOR THIS PURPOSE. SUCH SUPPORT INCLUDES TEACHING OF AND ASSISTANCE WITH HOUSEHOLD MANAGEMENT AND SELF-CARE. THIS PROGRAM ALLOWS INDIVIDUALS TO REMAIN IN THEIR OWN HOMES

Part IV Supplemental Information

LONGER THAN WOULD OTHERWISE BE POSSIBLE. A RESPITE PROGRAM FOR CAREGIVERS IS ALSO AVAILABLE.

(A) TYPE OF GRANT OR ASSISTANCE: HOME WEATHERIZATION - THIS PROGRAM IS DESIGNED TO MAKE HOMES MORE ENERGY EFFICIENT FOR LOW-INCOME RESIDENTS. WEATHERIZATION INCLUDES SUCH MEASURES AS WEATHER STRIPPING, CAULKING, INSULATION, SET BACK THERMOSTATS, REPLACEMENT WINDOWS, DOORS, AND REFRIGERATORS, IF NEEDED. THERE IS ALSO A FURNACE REPAIR/REPLACEMENT COMPONENT. OUTCOME OF THIS PROGRAM IS TO REDUCE THE AMOUNT OF FUEL NEEDED TO HEAT THE HOME.

(A) TYPE OF GRANT OR ASSISTANCE: ENERGY ASSISTANCE PROGRAM - THIS PROGRAM ASSISTS HOUSEHOLDS AT OR BELOW 150% OF POVERTY WITH THEIR HOME ENERGY NEEDS. PAYMENTS MAY BE DIRECT VENDOR PAYMENTS OR EMERGENCY SERVICE PAYMENTS IF A UTILITY IS DISCONNECTED. THIS PROGRAM CAN ALSO ASSIST WITH FURNACE REPAIR OR REPLACEMENT FOR HOMEOWNERS WHO MAY BE WITHOUT HEAT OR WHOSE FURNACES ARE IN DANGEROUS OPERATING CONDITIONS. FINANCIAL LITERACY, ENERGY CONSERVATION INFORMATION AND ENERGY KITS ARE PROVIDED TO PROGRAM PARTICIPANTS.

(A) TYPE OF GRANT OR ASSISTANCE: MODIFICATION LOANS AND RENTAL HOUSING SUPPORT - THESE PROGRAMS PROVIDE FORGIVABLE MODIFICATIN LOANS TO VERY LOW INCOME HOMEOWNERS WITH A PREFERENCE TO EXTREMELY LOW INCOME ELDERLY AND/OR DISABLED HOMEOWNERS AND APPROVED QUALIFIED LANDLORDS TO PROVIDE RENTAL UNITS FOR VERY LOW INCOME TENANTS WITH A PREFERENCE TO EXTREMELY LOW INCOME ELDERLY AND/OR DISABLED TENANTS.

(A) TYPE OF GRANT OR ASSISTANCE: HOMELESS PREVENTION PROGRAM - PROVIDES

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

TRI-COUNTY OPPORTUNITIES COUNCIL

Employer identification number

36-2559180

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WITHIN THE COMMUNITY.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

PROVIDED FOR 97 PREGNANT WOMEN, INFANTS OR TODDLERS THROUGH BOTH CENTER
AND HOME-BASED OPTIONS. THIS IS A FULL-YEAR PROGRAM WITH THE SAME
SERVICES AS THOSE IN THE HEAD START PROGRAM. SERVICES ARE ALSO
PROVIDED IN MENDOTA FOR 28 CHILDREN (6 WEEKS THROUGH 5 YEARS) OF
MIGRANT AND SEASONAL FARMWORKER FAMILIES. FAMILIES COME FROM MENDOTA,
ROCHELLE AND THE SURROUNDING AREAS. THE PROGRAM GENERALLY RUNS FROM
JUNE THROUGH AUGUST.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ALL OTHER PROGRAM SERVICES INCLUDING COMMUNITY SERVICES BLOCK GRANT,
ELDERLY ADULT, EMERGENCY FOOD AND SHELTER, AND HOMEMAKER.
EXPENSES \$ 5,034,651. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2: TWO OF THE CURRENT BOARD MEMBERS,
SUE BRITT AND BARBARA NELSON, ARE SISTERS.

FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION PROVIDES THE BOARD
WITH A COPY OF THE FORM 990 FOR THEIR REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: SHEETS ARE SIGNED ANNUALLY BY
BOARD OF DIRECTORS AND EMPLOYEES. A LIST IS MADE OF WHO CAN PURCHASE AND
ANY CONFLICTS ARE NOTED. THIS LIST IS REVIEWED ANNUALLY.

Name of the organization
TRI-COUNTY OPPORTUNITIES COUNCIL

Employer identification number
36-2559180

FORM 990, PART VI, SECTION B, LINE 15: WAGE COMPARISON STUDIES ARE COMPLETED, ANNUAL EVALUATIONS, AND BOARD APPROVAL. THE PRESIDENT/CEO IS DONE BY THE PERSONNEL COMMITTEE OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FORM 1023, FINANCIAL STATEMENTS, AND FORMS 990 AND 990-T ARE AVAILABLE UPON REQUEST FOR PUBLIC INSPECTION AT THE ORGANIZATION'S OFFICE DURING NORMAL BUSINESS HOURS. IN ADDITION, THE MOST CURRENT FORMS 990 AND 990-T ARE ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:
NET UNREALIZED GAINS ON INVESTMENTS: 11,158.

THIS PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

December 31, 2010

Prepared for	Tri-County Opportunities Council 405 Emmons Avenue Rock Falls, IL 61071
Prepared by	Sikich LLP 3201 West White Oaks Drive, Suite 102 Springfield, IL 62704
Amount due or refund	No amount is due.
Make check payable to	No amount is due.
Mail tax return and check (if applicable) to	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027
Return must be mailed on or before	November 15, 2011
Special Instructions	The return should be signed and dated.

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

2010

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

Department of the Treasury
Internal Revenue Service

For calendar year 2010 or other tax year beginning _____, and ending _____

A <input type="checkbox"/> Check box if address changed	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)	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) TRI-COUNTY OPPORTUNITIES COUNCIL Number, street, and room or suite no. If a P.O. box, see instructions. 405 EMMONS AVENUE City or town, state, and ZIP code ROCK FALLS, IL 61071	D Employer identification number (Employees' trust, see instructions.) 36-2559180 E Unrelated business activity codes (See instructions.) 541900
C Book value of all assets at end of year 4,795,299.	F Group exemption number (See instructions.)			
G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust				

H Describe the organization's primary unrelated business activity. **SEE STATEMENT 1**

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 **DAWN KANZLER** Telephone number **815-625-7830**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales 74,997.			
b Less returns and allowances c Balance	1c 74,997.		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3 74,997.		74,997.
4 a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule.)	12		
13 Total. Combine lines 3 through 12	13 74,997.		74,997.

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	53,671.	
16 Repairs and maintenance	16		
17 Bad debts	17		
18 Interest (attach schedule)	18		
19 Taxes and licenses	19	6,915.	
20 Charitable contributions (See instructions for limitation rules.)	20		
21 Depreciation (attach Form 4562)	21		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a		22b
23 Depletion	23		
24 Contributions to deferred compensation plans	24	220.	
25 Employee benefit programs	25	11,756.	
26 Excess exempt expenses (Schedule I)	26		
27 Excess readership costs (Schedule J)	27		
28 Other deductions (attach schedule) SEE STATEMENT 2	28	5,760.	
29 Total deductions. Add lines 14 through 28	29	78,322.	
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-3,325.	
31 Net operating loss deduction (limited to the amount on line 30)	31	0.	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	-3,325.	
33 Specific deduction (Generally \$1,000, but see instructions for exceptions.)	33	1,000.	
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	-3,325.	

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here... 36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: 37 Proxy tax. See instructions 38 Alternative minimum tax 39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40b Other credits (see instructions) 40c General business credit. Attach Form 3800 40d Credit for prior year minimum tax (attach Form 8801 or 8827) 40e Total credits. Add lines 40a through 40d 41 Subtract line 40e from line 39 42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) 43 Total tax. Add lines 41 and 42 44a Payments: A 2009 overpayment credited to 2010 44b 2010 estimated tax payments 44c Tax deposited with Form 8868 44d Foreign organizations: Tax paid or withheld at source (see instructions) 44e Backup withholding (see instructions) 44f Credit for small employer health insurance premiums (Attach Form 8941) 44g Other credits and payments: Form 2439 Form 4136 Other Total 45 Total payments. Add lines 44a through 44g 46 Estimated tax penalty (see instructions). Check if Form 2220 is attached 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 49 Enter the amount of line 48 you want: Credited to 2011 estimated tax Refunded

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

1 At any time during the 2010 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 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 instructions for other forms the organization may have to file. 3 Enter the amount of tax-exempt interest received or accrued during the tax year

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

1 Inventory at beginning of year 2 Purchases 3 Cost of labor 4a Additional section 263A costs 4b Other costs (attach schedule) 5 Total. Add lines 1 through 4b 6 Inventory at end of year 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?

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

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN Firm's name SIKICH LLP Firm's EIN 36-3168081 Firm's address 3201 WEST WHITE OAKS DRIVE, SUITE 102 SPRINGFIELD, IL 62704 Phone no. (217) 793-3363

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

1. Description of property

Table with 1 column for description of property, rows (1) through (4).

2. Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3(a) Deductions. Rows (1) through (4) and Total row.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0. (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.

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

Table with 4 columns: 1. Description of debt-financed property, 2. Gross income from or allocable to debt-financed property, 3(a) Straight line depreciation, 3(b) Other deductions. Rows (1) through (4).

Table with 5 columns: 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions. Rows (1) through (4).

Totals Enter here and on page 1, Part I, line 7, column (A) 0. Enter here and on page 1, Part I, line 7, column (B) 0.

Total dividends-received deductions included in column 8 0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table for Exempt Controlled Organizations with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income, 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. Rows (1) through (4).

Nonexempt Controlled Organizations

Table with 5 columns: 7. Taxable Income, 8. Net unrelated income (loss), 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. Rows (1) through (4).

Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A) 0. Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B) 0.

Totals 0. 0.

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 (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals	0.			0.

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 cols. 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)						
Totals	0.	0.				0.

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) (col. 2 minus col. 3). If a gain, compute cols. 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)						
Totals (carry to Part II, line (5))	0.	0.				0.

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) (col. 2 minus col. 3). If a gain, compute cols. 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)						
(5) Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

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
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	1
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IN HOME CARE FOR INDIVIDUALS WHO DO NOT QUALIFY FOR STATE OR FEDERAL FUNDED PROJECTS.

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	2
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DESCRIPTION	AMOUNT
DIRECT CLIENT ASSISTANCE	2,747.
OFFICE EXPENSE	373.
UTILITIES/TELEPHONE	342.
ADVERTISING	20.
CONTRACTUAL SERVICES	1.
DUES AND SUBSCRIPTIONS	109.
MISCELLANEOUS	211.
INDIRECT ADMINISTRATIVE COSTS	1,905.
TRAVEL	52.
 	<hr/>
TOTAL TO FORM 990-T, PAGE 1, LINE 28	5,760.

Application for Extension of Time To File an Exempt Organization Return

▶ **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 **X**
- 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.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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.

Type or print	Name of exempt organization TRI-COUNTY OPPORTUNITIES COUNCIL	Employer identification number 36-2559180
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 405 EMMONS AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ROCK FALLS, IL 61071	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

DAWN KANZLER

- The books are in the care of ▶ **405 EMMONS AVENUE - ROCK FALLS, IL 61071**
 Telephone No. ▶ **815-625-7830** FAX No. ▶ _____
- 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 is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2010** or
 ▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 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, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, 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.

LHA **For Paperwork Reduction Act Notice, see Instructions.**

Application for Extension of Time To File an Exempt Organization Return

▶ **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.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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.

Type or print	Name of exempt organization TRI-COUNTY OPPORTUNITIES COUNCIL	Employer identification number 36-2559180
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 405 EMMONS AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ROCK FALLS, IL 61071	

Enter the Return code for the return that this application is for (file a separate application for each return) 07

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

DAWN KANZLER

- The books are in the care of ▶ **405 EMMONS AVENUE - ROCK FALLS, IL 61071**
 Telephone No. ▶ **815-625-7830** FAX No. ▶ _____
- 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 is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **NOVEMBER 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2010** or
 ▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 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, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, 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.

TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM AG990-IL

FOR THE YEAR ENDING

December 31, 2010

Prepared for	Tri-County Opportunities Council 405 Emmons Avenue Rock Falls, IL 61071
Prepared by	Sikich LLP 3201 West White Oaks Drive, Suite 102 Springfield, IL 62704
Amount due or refund	Balance due of \$15
Make check payable to	Illinois Charity Bureau Fund
Mail tax return and check (if applicable) to	Office of the Attorney General Charitable Trust Bureau 100 West Randolph St., 11th Floor Chicago, IL 60601-3175
Return must be mailed on or before	June 30, 2011
Special Instructions	Form AG990-IL should be signed and dated by the required individual(s). Include the organization's Illinois charitable organization number and "2010 Form AG990-IL" on the remittance.

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

PMT #	_____
AMT	_____
INIT	_____

Attorney General LISA MADIGAN State of Illinois
Charitable Trust Bureau, 100 West Randolph
11th Floor, Chicago, Illinois 60601

CO # 01-011572

Report for the Fiscal Period:

Beginning 01/01/2010

& Ending 12/31/2010
MO DAY YR

Make Checks Payable to the Illinois Charity Bureau Fund

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

Federal ID # 36-2559180

Are contributions to the organization tax deductible? Yes No

Date Organization was created: 05/18/1965
MO DAY YR

LEGAL NAME TRI-COUNTY OPPORTUNITIES COUNCIL	Year-end amounts	
MAIL ADDRESS 405 EMMONS AVENUE	A) ASSETS	A) \$ 4,795,299.
CITY, STATE ROCK FALLS, IL	B) LIABILITIES	B) \$ 3,116,930.
ZIP CODE 61071	C) NET ASSETS	C) \$ 1,678,369.
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	2.300%	D) \$ 537,044.
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	97.507%	E) \$ 22,763,700.
F) OTHER REVENUES	0.192%	F) \$ 44,893.
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$ 23,345,637.
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
H) OPERATING CHARITABLE PROGRAM EXPENSE	93.349%	H) \$ 21,424,000.
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	93.349%	J) \$ 21,424,000.
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):	\$	
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	%	K) \$
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	93.349%	L) \$ 21,424,000.
M) MANAGEMENT AND GENERAL EXPENSE	6.647%	M) \$ 1,525,576.
N) FUNDRAISING EXPENSE	0.003%	N) \$ 735.
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	O) \$ 22,950,311.
III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)		
PROFESSIONAL FUNDRAISERS:		
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$
PROFESSIONAL FUNDRAISING CONSULTANTS:		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$
IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:		
T) NAME, TITLE: SANDRA JULIFS, PRESIDENT/CEO		T) \$ 81,923.
U) NAME, TITLE: TERRI LAWRENCE, HEAD START PROGRAM DIRECTOR		U) \$ 62,990.
V) NAME, TITLE: DAWN KANZLER, FISCAL OPERATIONS MANAGER		V) \$ 52,894.
V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES		List on back side of instructions CODE
W) DESCRIPTION: SERVICES FOR THE POOR		W) # 126
X) DESCRIPTION:		X) #
Y) DESCRIPTION:		Y) #

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?		X
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?		X
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?		X
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?		X
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?		X
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)		X
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?		X
7b.	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____ ; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____ ; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____ ; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____		
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?		X
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?		X
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?		X
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:		
	<u>SAUK VALLEY BANK, 201 WEST 3RD STREET, STERLING, IL 61081</u>		
	<u>EDWARD JONES, 907 WEST ROUTE 30, ROCK FALLS, IL 61071</u>		
	<u>FREEDOM BANK, 3319 E. LINCOLNWAY, STE. B, STERLING, IL 61081</u>		
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <u>DAWN KANZLER - 815-625-7830</u>		

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

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

BE SURE TO INCLUDE ALL FEES DUE:

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

SANDRA JULIFS

PRESIDENT or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

TREASURER or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

GARY NEUBAUER

PREPARER (PRINT NAME)

SIGNATURE

DATE

TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM IL-990-T

FOR THE YEAR ENDING

December 31, 2010

Prepared for	Tri-County Opportunities Council 405 Emmons Avenue Rock Falls, IL 61071
Prepared by	Sikich LLP 3201 West White Oaks Drive, Suite 102 Springfield, IL 62704
Amount due or refund	No payment required
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Illinois Department of Revenue P.O. Box 19009 Springfield, IL 62794-9009
Return must be mailed on or before	December 15, 2011
Special Instructions	The return should be signed and dated by an authorized individual.



2010 FORM IL-990-T

Exempt Organization Income and Replacement Tax Return

Due on or before the 15th day of the 5th month (4th month for employee trusts) following the close of the tax year.

If this return is not for calendar year 2010, write your fiscal tax year here.

Tax year beginning _____, ending _____

Write the amount you are paying.
\$ _____

Step 1: Identify your exempt organization

A Write your complete legal business name.
If you have a name change check this box.

Name: TRI-COUNTY OPPORTUNITIES COUNCIL

B If you have an address change or this is a first return, check this box and complete the following information.

C/O: _____

Mailing address: 405 EMMONS AVENUE

City: ROCK FALLS State: IL ZIP: 61071

C Check the box if one of the following apply.
 first return final return (If final, write the date. _____)

D Write your federal employer identification no. (FEIN).
36-2559180

E Check if you are taxed as a corporation.

F Check if you are taxed as a trust.

G Provide the nature of your unrelated trade or business. SEE STATEMENT 1

H Check the box if you attached Illinois Schedule 1299-D, Income Tax Credits.

Step 2: Figure your base income or loss

1 Unrelated business taxable income or loss from U.S. Form 990-T, Line 34.

Attach a copy of Page 1 of your U.S. Form 990-T.

1 -3,325.00

2 Illinois income and replacement tax deducted in arriving at Line 1.

2 .00

3 Base income or loss. Add Lines 1 and 2.

3 -3,325.00

STOP If the amount on Line 3 is derived only from inside Illinois or if you are an Illinois resident trust, skip Step 3 and go to Step 4; otherwise complete Step 3.

Step 3: Figure your income allocable to Illinois

4 Trust, estate, or non-unitary partnership business income or loss included in Line 3.

4 .00

5 Business income or loss. Subtract Line 4 from Line 3.

5 .00

6 Total sales everywhere. This amount cannot be negative.

6 N/A

7 Total sales inside Illinois. This amount cannot be negative.

7 _____

8 Apportionment factor. Divide Line 7 by Line 6 (carry to six decimal places).

8 _____

9 Business income or loss apportionable to Illinois. Multiply Line 5 by Line 8.

9 .00

10 Trust, estate, or non-unitary partnership business income or loss apportionable to Illinois.

10 .00

11 Net income or loss allocable to Illinois. Add Lines 9 and 10.

11 .00

Step 4: Figure your net replacement tax

12 Base income or net loss from Line 3 or Line 11.

12 -3,325.00

13 Replacement tax. Corporations multiply Line 12 by 2.5% (.025); trusts multiply by 1.5% (.015).

13 .00

14 Recapture of investment credits. **Attach** Schedule 4255.

14 .00

15 Replacement tax before investment credits. Add Lines 13 and 14.

15 0.00

16 Investment credits. **Attach** Form IL-477.

16 .00

17 Net replacement tax. Subtract Line 16 from Line 15. If the amount is negative, write "0."

17 0.00

Step 5: Figure your net income tax (see instructions)

18	Net income or loss from Line 12.	18	<u> - 3,325 .00</u>
19	Income tax.		
	Corporations: multiply Line 18 by 4.8% (.048).		
	Trusts: multiply Line 18 by 3% (.03).	19	<u> .00</u>
20	Recapture of investment credits. Attach Schedule 4255.	20	<u> .00</u>
21	Income tax before credits. Add Lines 19 and 20.	21	<u> 0 .00</u>
22	Income tax credits. Attach Schedule 1299-D.	22	<u> .00</u>
23	Net income tax. Subtract Line 22 from Line 21. If the amount is negative, write "0."	23	<u> 0 .00</u>

Step 6: Figure your refund or balance due

24	Net replacement tax from Line 17.	24	<u> .00</u>
25	Net income tax from Line 23.	25	<u> .00</u>
26	Total net income and replacement taxes. Add Lines 24 and 25.	26	<u> 0 .00</u>
27	Payments		
	a Credit from 2009 overpayment.	27a	<u> .00</u>
	b Total estimated payments.	27b	<u> .00</u>
	c Form IL-505-B (extension) payment.	27c	<u> .00</u>
	d Gambling withholding. Attach Form(s) W-2G.	27d	<u> .00</u>
28	Total payments. Add Lines 27a through 27d.	28	<u> .00</u>
29	Overpayment. If Line 28 is greater than Line 26, subtract Line 26 from Line 28.	29	<u> .00</u>
30	Amount to be credited to 2011.	30	<u> .00</u>
31	Refund. Subtract Line 30 from Line 29. This is the amount to be refunded.	31	<u> .00</u>
32	Tax Due. If Line 26 is greater than Line 28, subtract Line 28 from Line 26. This is the amount you owe.	32	<u> 0 .00</u>

► **Make your check payable to "Illinois Department of Revenue" and attach to the first page of this form.** ◀
Special Note → Write the amount of your payment on the top of Page 1 in the space provided.

Step 7: Sign here

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

_____ Signature of authorized officer	_____ Date	<u>PRESIDENT / CEO</u> Title	_____ Phone
_____ Signature of preparer	_____ Date	<u>36-3168081</u> Preparer's Social Security number or firm's FEIN	
<u>SIKICH LLP</u> Preparer firm's name (or yours, if self-employed)	<u>SPRINGFIELD, IL 62704</u> Address	<u>(217) 793-3363</u> Phone	

► **Mail this return to: Illinois Department of Revenue, P.O. Box 19009, Springfield, IL 62794-9009** ◀



FORM IL-990-T	NATURE OF TRADE OR BUSINESS	STATEMENT	1
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IN HOME CARE FOR INDIVIDUALS WHO DO NOT QUALIFY FOR STATE OR FEDERAL FUNDED PROJECTS.

TO FORM IL-990-T, PAGE 1