

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 09-01-2018, and ending 08-31-2019

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
CEFS ECONOMIC OPPORTUNITY CORPORATION

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
1805 SOUTH BANKER STREET

City or town, state or province, country, and ZIP or foreign postal code
EFFINGHAM, IL 62401

D Employer identification number
37-6053117

E Telephone number
(217) 342-2193

G Gross receipts \$ 19,529,425

F Name and address of principal officer
KEVIN BUSHUR
1805 SOUTH BANKER STREET
EFFINGHAM, IL 62401

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ WWW.CEFSEOC.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1965

M State of legal domicile IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
PROVIDE OPPORTUNITIES FOR PEOPLE IN OUR COMMUNITIES THROUGH EDUCATION & SUPPORT TO ACHIEVE STABILITY

2 Check this box 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)	20
4 Number of independent voting members of the governing body (Part VI, line 1b)	20
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	398
6 Total number of volunteers (estimate if necessary)	3,832
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	17,218,691	18,815,046
9 Program service revenue (Part VIII, line 2g)	637,299	650,033
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,853	20,108
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	55,292	38,887
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,925,135	19,524,074
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,497,075	9,015,045
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)	7,291,019	7,677,465
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,640,424	2,879,883
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	17,428,518	19,572,393
19 Revenue less expenses Subtract line 18 from line 12	496,617	-48,319

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	5,892,163	6,773,833
21 Total liabilities (Part X, line 26)	960,758	1,929,656
22 Net assets or fund balances Subtract line 21 from line 20	4,931,405	4,844,177

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: 2020-01-15

JEAN FINLEY BOARD CHAIR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Preparer's signature: Date: 2020-01-15

Check if self-employed PTIN: P01246734

Firm's name: ▶ SIKICH LLP Firm's EIN: ▶ 36-3168081

Firm's address: ▶ 3201 W WHITE OAKS DR STE 102 Phone no: (217) 793-3363
SPRINGFIELD, IL 62704

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission

PROVIDE OPPORTUNITIES FOR PEOPLE IN OUR COMMUNITIES THROUGH EDUCATION AND SUPPORT TO ACHIEVE AND MAINTAIN STABILITY

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

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 4,519,735 including grants of \$ 4,105,834) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ 4,487,004 including grants of \$ 245,447) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ 3,238,098 including grants of \$ 2,331,528) (Revenue \$)
See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O)
(Expenses \$ 6,374,214 including grants of \$ 2,332,236) (Revenue \$ 650,033)

4e Total program service expenses ▶ 18,619,051

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 22 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

	Yes	No
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>	23	No
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 25a</i>	24a	No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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>	25a	No
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>	25b	No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
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>	28a	No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
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>	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes
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>	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
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>	32	No
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>	33	No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b If 'Yes' to line 35a, 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>	35b	
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>	36	No
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>	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	173
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

<p>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</p>	2a	398			
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			2b	Yes	
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>			3a		No
<p>b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O</p>			3b		
<p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p>			4a		No
<p>b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>					
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>			5a		No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			5b		No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>			5c		
<p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p>			6a		No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>			7a		No
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>			7b		
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>			7c		No
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d				
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			7e		No
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>			7f		No
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>			7g		
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>			7h		No
8 Sponsoring organizations maintaining donor advised funds.					
<p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>			8		
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>			9a		
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>			9b		
10 Section 501(c)(7) organizations. Enter					
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a				
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b				
11 Section 501(c)(12) organizations. Enter					
<p>a Gross income from members or shareholders</p>	11a				
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O</p>			13a		
<p>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</p>	13b				
<p>c Enter the amount of reserves on hand</p>	13c				
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>			14a		No
<p>b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O</p>			14b		
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p>			15		No
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p>			16		No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (20); 1b Enter the number of voting members included in line 1a, above, who are independent (20); 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? (No); 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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 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 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); 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? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Row 17: List the States with which a copy of this Form 990 is required to be filed (IL). Row 18: Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [X] Own website, [] Another's website, [X] Upon request, [] Other (explain in Schedule O). Row 19: Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. Row 20: State the name, address, and telephone number of the person who possesses the organization's books and records: TINA PEARCY 1805 SOUTH BANKER STREET EFFINGHAM, IL 62401 (217) 342-2193.

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

Check if Schedule O contains a response or note to any line 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, or 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
See Additional Data Table										

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows for sub-totals: 1b Sub-Total, 1c Total from continuation sheets, 1d Total (add lines 1b and 1c).

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

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like CRISPIN RESIDENTIAL REMODELING, APEX BUILDERS, etc.

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

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

Table with 5 main columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1f (Contributions, Gifts, Grants and Other Similar Amounts) and 1g (Noncash contributions included).

Table for Program Service Revenue with columns for Business Code and revenue amounts. Rows include 2a-2f and 2g Total.

Main revenue table with 5 main columns. Rows include 3 (Investment income), 4 (Income from investment of tax-exempt bond proceeds), 5 (Royalties), 6a-6d (Gross rents), 7a-7d (Gross amount from sales of assets other than inventory), 8a-8c (Gross income from fundraising events), 9a-9c (Gross income from gaming activities), 10a-10c (Gross sales of inventory), 11a-11d (Miscellaneous Revenue), and 12 Total revenue.

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)

Check if Schedule O contains a response or note to any line in this Part IX

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	9,015,045	9,015,045		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	249,578		249,578	
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	5,946,834	5,769,207	177,627	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	163,918	158,946	4,972	
9 Other employee benefits	641,973	620,826	21,147	
10 Payroll taxes	675,162	638,642	36,520	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	163,597	75,709	87,888	
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	589,810	419,340	170,470	
17 Travel	196,991	185,286	11,705	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	212,267	203,314	8,953	
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER PROGRAM EXPENSES	871,719	776,713	95,006	
b SUPPLIES	558,401	524,447	33,954	
c TELECOMMUNICATIONS	180,255	147,303	32,952	
d TRAINING AND EDUCATION	93,949	81,716	12,233	
e All other expenses	12,894	2,557	10,337	
25 Total functional expenses. Add lines 1 through 24e	19,572,393	18,619,051	953,342	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	2,988,394	1	2,551,497
	2 Savings and temporary cash investments	664,507	2	1,272,661
	3 Pledges and grants receivable, net	1,137,428	3	1,826,233
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other 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) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	49,856	7	91,266
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	92,315	9	42,781
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,706,091		
	b Less accumulated depreciation	10b 1,716,696	852,545	10c 989,395
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	107,118	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,892,163	16	6,773,833	
Liabilities	17 Accounts payable and accrued expenses	898,863	17	1,530,062
	18 Grants payable		18	
	19 Deferred revenue	61,895	19	29,457
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other 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		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	0	25	370,137
	26 Total liabilities. Add lines 17 through 25	960,758	26	1,929,656
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,650,687	27	2,356,535
	28 Temporarily restricted net assets	2,280,718	28	0
	29 Permanently restricted net assets		29	2,487,642
	Organizations that do not follow SFAS 117 (ASC 958), 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	4,931,405	33	4,844,177	
34 Total liabilities and net assets/fund balances	5,892,163	34	6,773,833	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,524,074
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,572,393
3	Revenue less expenses Subtract line 2 from line 1	3	-48,319
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,931,405
5	Net unrealized gains (losses) on investments	5	-38,909
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,844,177

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Additional Data

Software ID:

Software Version:

EIN: 37-6053117

Name: CEFS ECONOMIC OPPORTUNITY CORPORATION

Form 990 (2018)

Form 990, Part III, Line 4a:

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) LIHEAP IS DESIGNED TO ASSIST ELIGIBLE LOW-INCOME HOUSEHOLDS PAY FOR THEIR UTILITY SERVICES LIHEAP WILL PROVIDE A ONE-TIME BENEFIT TO INCOME ELIGIBLE HOUSEHOLDS TO HELP REDUCE THE BURDEN OF THEIR ENERGY COSTS RECONNECTION ASSISTANCE IS ALSO PROVIDED TO QUALIFYING HOUSEHOLDS THAT HAVE BEEN DISCONNECTED OR ARE IN IMMINENT DANGER OF DISCONNECTION ADDITIONALLY, THE PROGRAM PROVIDES EMERGENCY FURNACE REPAIR OR REPLACEMENT FOR INCOME ELIGIBLE HOME OWNERS THAT HAVE INOPERABLE FURNACES ELIGIBLE AMEREN CUSTOMERS ARE OFFERED A CHOICE BETWEEN TRADITIONAL LIHEAP PROGRAM BENEFIT AND PARTICIPATION IN THE PERCENTAGE OF INCOME PAYMENT PLAN (PIPP) PIPP PROVIDES LOW AND FIXED-INCOME CUSTOMERS A BETTER WAY TO MANAGE THEIR HOME ENERGY COSTS THROUGH FIXED MONTHLY PAYMENTS, ARREARAGE REDUCTION CREDITS, CLIENT EDUCATION, AND ENERGY CONSERVATION PIPP CAN HELP BREAK THE CYCLE OF DISCONNECTION AND RECONNECTION LEADING TO IMPROVED HEALTH AND SAFETY FOR PARTICIPANTS AMEREN CUSTOMERS THAT ARE BETWEEN 150% TO 300% OF POVERTY MAY QUALIFY FOR A MATCHING GRANT PROGRAM CALLED WARM NEIGHBORS/COOL FRIENDS FUNDING FOR THIS PROGRAM IS PROVIDED THROUGH AMEREN'S ENERGY ASSISTANCE FOUNDATION ENERGY SAVINGS EDUCATION IS ALSO PROVIDED TO CUSTOMERS THROUGH A SERIES OF AMEREN AND AGENCY SPONSORED EVENTS THAT PROVIDE PARTICIPANTS WITH ENERGY CONSERVATION INFORMATION AND KITS FUNDING FOR LIHEAP IS PROVIDED BY THE U S DEPARTMENT OF HEALTH AND HUMAN SERVICES AND THE STATE OF ILLINOIS FUNDS ARE DISTRIBUTED BY THE ILLINOIS DEPARTMENT OF COMMERCE & ECONOMIC OPPORTUNITY (DCEO) OFFICE OF COMMUNITY ASSISTANCE (OCA) PIPP IS FUNDED WITH STATE UTILITY ASSISTANCE FUNDS DISTRIBUTED BY DCEO

Form 990, Part III, Line 4b:

HEAD START 0-5 HEAD START IS A FEDERALLY FUNDED PROGRAM WHICH HAS BEEN IN EXISTENCE SINCE 1965 THE C E F S HEAD START 0-5 PROGRAM OFFERS CENTER-BASED (HALF AND FULL DAY CLASSROOM SESSIONS) SERVICES TO PRESCHOOL CHILDREN AND HOME-BASED SERVICES TO PREGNANT WOMEN, INFANTS, AND TODDLERS IN C E F S ECONOMIC OPPORTUNITY CORPORATION'S SEVEN COUNTY SERVICE AREA ELIGIBILITY IS LARGELY INCOME-BASED, ALTHOUGH OTHER ELIGIBILITY CRITERIA SUCH AS DISABILITIES AND SERVICES NEEDED BY THE FAMILY ARE ALSO USED TO DETERMINE ACCEPTANCE INTO THE PROGRAM FAMILIES MUST EARN AT OR LESS THAN 100% OF THE FEDERAL POVERTY LEVEL FAMILIES MAY ALSO QUALIFY UNDER A CATEGORICAL ELIGIBILITY CATEGORY (RECEIPT OF TANF FUNDS, SUPPLEMENTAL SECURITY FUNDS, OR HOMELESSNESS AS PER THE MCKINNEY-VENTO ACT) UP TO 10% OF THE PROGRAM'S ENROLLMENT CAN BE FROM HIGHER INCOME FAMILIES OR FAMILIES EXPERIENCING EMERGENCY SITUATIONS THE PROGRAM IS REQUIRED TO PROVIDE SERVICES TO CHILDREN WITH DISABILITIES WHO MUST COMPRISE 10% OF THE TOTAL ENROLLMENT THE HEAD START 0-5 PROGRAM PROVIDES COMPREHENSIVE EARLY CHILDHOOD EDUCATION, HEALTH AND DEVELOPMENTAL SCREENINGS, PARENT INVOLVEMENT OPPORTUNITIES, AND FAMILY SOCIALIZATIONS HEAD START PROMOTES SCHOOL PREPARATION BY ENHANCING THE SOCIAL AND COGNITIVE DEVELOPMENT OF CHILDREN THROUGH THE PROVISION OF EDUCATIONAL, HEALTH, NUTRITIONAL, SOCIAL, AND OTHER SERVICES THE PROGRAM'S SERVICES AND RESOURCES ARE DESIGNED TO FOSTER STABLE FAMILY RELATIONSHIPS, ENHANCE CHILDREN'S PHYSICAL AND EMOTIONAL WELL-BEING, AND ESTABLISH AN ENVIRONMENT TO DEVELOP STRONG COGNITIVE SKILLS THE HEAD START PHILOSOPHY IS TO PROVIDE ALL CHILDREN WITH INDIVIDUALIZED CARE AND GUIDANCE IN REACHING THEIR POTENTIAL GRANT FUNDING FOR THE C E F S HEAD START 0-5 PROGRAM IS PROVIDED BY THE US DEPT OF HEALTH AND HUMAN SERVICES, UNDER THE ADMINISTRATION FOR CHILDREN AND FAMILIES, OFFICE OF HEAD START THE PROGRAM ALSO RECEIVES FUNDING FOR MEALS SERVED TO PARTICIPANTS UNDER THE CHILD AND ADULT CARE FOOD PROGRAM ADMINISTERED BY THE ILLINOIS STATE BOARD OF EDUCATION AND FUNDED BY THE US DEPT OF AGRICULTURE

Form 990, Part III, Line 4c:

WORKFORCE INNOVATION AND OPPORTUNITY ACT PROGRAM THE WORKFORCE INNOVATION AND OPPORTUNITY ACT PROGRAM PROVIDES ACTIVITIES THAT INCREASE EMPLOYMENT, RETENTION, EARNINGS, AND SKILLS IN THE AMERICAN WORKFORCE THE C E F S WIOA PROGRAM SERVES THIRTEEN COUNTIES IN ILLINOIS WORKFORCE AREA #23 WORKFORCE INNOVATION AND OPPORTUNITY ACT PROGRAMS INCLUDE YOUTH, ADULT, DISLOCATED WORKER, AND TRADE ADJUSTMENT ACT CUSTOMERS OF THE PROGRAM ARE ABLE TO EASILY RECEIVE A PRELIMINARY ASSESSMENT OF THEIR SKILL LEVELS, APTITUDES, ABILITIES, AND SUPPORT SERVICE NEEDS CUSTOMERS CAN OBTAIN INFORMATION ON A FULL ARRAY OF EMPLOYMENT RELATED SERVICES THE WORKFORCE CENTERS ALSO OFFER JOB SEARCH AND PLACEMENT ASSISTANCE, CAREER COUNSELING, AND UP-TO-DATE LABOR MARKET INFORMATION WHICH IDENTIFIES JOB VACANCIES, SKILLS NECESSARY FOR IN-DEMAND JOBS, AND PROVIDES INFORMATION ABOUT LOCAL, REGIONAL, AND NATIONAL EMPLOYMENT TRENDS INDIVIDUALS WHO NEED MORE INTENSIVE HELP TO BECOME EMPLOYED CAN RECEIVE MORE COMPREHENSIVE ASSESSMENTS, DEVELOPMENT OF EMPLOYMENT PLANS, GROUP AND INDIVIDUAL COUNSELING, CASE MANAGEMENT, AND SHORT-TERM PRE-VOCATIONAL SERVICES IN SOME CASES, QUALIFIED CUSTOMERS MAY RECEIVE TRAINING SERVICES SUCH AS ON THE JOB TRAINING, TUITION ASSISTANCE, WORK EXPERIENCE, AND SUPPORTIVE SERVICES WHICH ARE DIRECTLY LINKED TO JOB OPPORTUNITIES IN THEIR LOCAL AREA A YOUTH PROGRAM IS ALSO AVAILABLE WHICH OFFERS YOUTH TRAINING SERVICES, PAID WORK EXPERIENCE, ON-THE-JOB TRAINING, JOB READINESS TRAINING, SUPPORTIVE SERVICES, LEADERSHIP SKILLS, RESUME DEVELOPMENT, JOB SEARCH ASSISTANCE, AND CLASSROOM TRAINING GRANT FUNDING IS PROVIDED BY THE US DEPARTMENT OF LABOR THROUGH A BLOCK GRANT ADMINISTERED BY THE ILLINOIS DEPARTMENT OF COMMERCE AND ECONOMIC OPPORTUNITY, OFFICE OF EMPLOYMENT AND TRAINING AND LAKE LAND COLLEGE / ILLINOIS LOCAL WORKFORCE AREA 23

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 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.

(Code)	(Expenses \$)	3,695,150	including grants of \$	865,716	(Revenue \$)	605,709
<p>CENTRAL IL PUBLIC TRANSIT PROGRAMRURAL TRANSPORTATION - CENTRAL ILLINOIS PUBLIC TRANSIT PROGRAM IS A FEDERAL AND STATE FUNDED PUBLIC TRANSPORTATION SYSTEM OPERATING IN CLAY, CHRISTIAN, EFFINGHAM, FAYETTE, SHELBY, MOULTRIE, AND MONTGOMERY COUNTIES THE ILLINOIS DEPARTMENT OF TRANSPORTATION PROVIDES OPERATING ASSISTANCE FOR PUBLIC TRANSPORTATION IN NON-URBANIZED AREAS ADDITIONAL FINANCIAL SUPPORT FOR THE SYSTEM COMES FROM FARES, CONTRACTS, TITLE III FUNDING THROUGH AREA AGENCIES ON AGING, (AREA AGENCY ON AGING FOR LINCOLNLAND AND MIDLAND AREA AGENCY ON AGING), ILLINOIS DEPARTMENT OF HUMAN SERVICES, AND THROUGH DONATIONS FROM MUNICIPALITIES SHELBY COUNTY SERVES AS THE GRANT RECIPIENT AND CENTRAL ILLINOIS PUBLIC TRANSIT IS THE ADMINISTRATOR AND SERVICE PROVIDER FOR CLAY, CHRISTIAN, FAYETTE, MONTGOMERY, MOULTRIE, AND SHELBY COUNTIES EFFINGHAM COUNTY IS THE GRANT RECIPIENT AND CENTRAL ILLINOIS PUBLIC TRANSIT IS THE ADMINISTRATOR AND SERVICE PROVIDER FOR EFFINGHAM COUNTY PUBLIC TRANSPORTATION RIDERSHIP IS OPEN TO THE GENERAL PUBLIC, MEANING ANYONE AT ANY AGE AND INCOME IS WELCOME TO UTILIZE PUBLIC TRANSPORTATION SERVICES THE PROGRAM OPERATES ON AN ADVANCE RESERVATION, DEMAND/RESPONSE BASIS MONTHLY PASSES AND TICKET BOOKS ARE AVAILABLE FOR PURCHASE AT DISCOUNTED RATES MEALS ON WHEELS/MEALS ON WHEELS - THE MEALS ON WHEELS OF C E F S PROGRAM PROVIDES NUTRITIONALLY BALANCED MEALS ON A DONATION BASIS TO PEOPLE WHO ARE 60 YEARS OF AGE AND OLDER AND THEIR SPOUSES THERE ARE NO INCOME GUIDELINES OR ANY RESTRICTIONS BESIDES THE AGE LIMIT EDUCATIONAL, INFORMATIONAL, AND SOCIAL ACTIVITIES ARE AVAILABLE IN ADDITION TO NUTRITION MEALS ARE SERVED ON A RESERVATION BASIS MEALS ON WHEELS OF C E F S OPERATES SEVENTEEN SITES IN THE FIVE COUNTIES OF CLAY, EFFINGHAM, FAYETTE, CHRISTIAN, AND MONTGOMERY THE PROGRAM IS FUNDED THROUGH THE ADMINISTRATION ON AGING INCLUDING TITLE III FUNDING THROUGH THE AREA AGENCIES ON AGING (AREA AGENCY ON AGING FOR LINCOLNLAND AND MIDLAND AREA AGENCY ON AGING), LOCAL UNITED WAY AGENCIES, AND PARTICIPANT CONTRIBUTIONS THERE ARE TWO COMPONENTS TO OUR MEALS ON WHEELS OF C E F S CONGREGATE MEALS WHERE SENIORS SHARE A NUTRITIOUS MEAL AND ENJOY ACTIVITIES AND FELLOWSHIP AT A NUTRITION SITE, AND HOME DELIVERED MEALS WHERE MEALS ARE DELIVERED TO HOMEBOUND SENIORS A NUTRITIOUS MEAL ALONG WITH A DAILY CHECK ARE BENEFITS OF HOME DELIVERED MEALS "SENIOR INSURANCE COUNSELING - SHIP IS A HEALTH INSURANCE COUNSELING SERVICE SPONSORED BY C E F S ECONOMIC OPPORTUNITY CORPORATION WITHIN THE COUNTIES OF CLAY, EFFINGHAM, FAYETTE, CHRISTIAN AND MONTGOMERY THE PROGRAM IS PROVIDED BY FUNDING FROM THE ILLINOIS DEPARTMENT ON AGING (IDOA) AND IS FOR MEDICARE ELIGIBLE BENEFICIARIES AND THEIR CAREGIVERS SHIP COUNSELORS ARE TRAINED TO EDUCATE CONSUMERS AND ANSWER QUESTIONS ABOUT MEDICARE, MEDICARE SUPPLEMENT, LONG TERM CARE INSURANCE, MEDICARE HMOs, PPOS, PRIVATE FEE-FOR-SERVICE AND OTHER HEALTH INSURANCE SHIP COUNSELORS ASSIST CONSUMERS WITH ANALYZING MEDICARE PART D PLANS, MEDICARE SUPPLEMENT PLANS AND LONG-TERM CARE POLICIES ADDITIONALLY, SHIP COUNSELORS ASSIST WITH FILING MEDICARE AND MEDICARE SUPPLEMENT CLAIMS WITH THE ASSISTANCE PROVIDED BY SHIP COUNSELORS, MEDICARE BENEFICIARIES AND THEIR CAREGIVERS WILL GAIN INFORMATION NEEDED TO MAKE EDUCATED DECISIONS ABOUT THEIR HEALTH INSURANCE NEEDS SHAP OFFICES PROVIDE ASSISTANCE FILLING OUT APPLICATIONS FOR THE FOLLOWING PROGRAMS BENEFITS ACCESS (BA) (STATE LICENSE PLATE DISCOUNT), MEDICARE PART D, EXTRA HELP/LOW INCOME SUBSIDY (LIS) (ASSISTANCE IN PAYING FOR MEDICARE PART D COSTS), MEDICARE SAVINGS PROGRAMS (MSP) (ASSISTANCE PAYING FOR PART A & B PREMIUMS, DEDUCTIBLES AND CO-PAYS), MEDICARE PART B PREVENTION AND WELLNESS BENEFITS, MEDICAID (ASSISTANCE FOR THE AGED (65 OR OLDER), THE BLIND OR PEOPLE WITH DISABILITIES (AABD)), SUPPLEMENTAL SOCIAL SECURITY (SSI) (FOR THE AABD) SHAP ALSO PROVIDES INFORMATION ON PROGRAMS AND SERVICES THAT HELP SENIOR CITIZENS TO REMAIN LIVING INDEPENDENTLY IN THEIR OWN HOMES AND MANY OTHER PROGRAMS THAT ARE AVAILABLE TO THE AGED, BLIND OR DISABLED POPULATION</p>						

(Code)	(Expenses \$)	1,228,801	including grants of \$	831,716	(Revenue \$)	
<p>WEATHERIZATION & HOUSING PROGRAMS HOME WEATHERIZATION PROGRAMS - THE ILLINOIS HOME WEATHERIZATION ASSISTANCE PROGRAM IS OFFERED AS A FREE SERVICE TO INCOME ELIGIBLE APPLICANTS WITHIN THE COUNTIES OF CHRISTIAN, CLAY, EFFINGHAM, FAYETTE, MONTGOMERY, MOULTRIE, AND SHELBY THE WEATHERIZATION PROGRAM PROVIDES ENERGY SAVING MEASURES TO THE HOME WHICH COULD INCLUDE INSULATION, AIR SEALING, CAULKING, WEATHER-STRIPPING, BROKEN GLASS REPLACEMENT, AND WINDOWS/DOOR REPAIR OR REPLACEMENT FOR ELIGIBLE APPLICANTS ELIGIBILITY DETERMINATION IS BASED ON TWELVE MONTH INCOME VERIFICATION, HOMEOWNERSHIP DOCUMENTATION (HOMEOWNER OR LANDLORD), AND A COPY OF A FUEL BILL FUNDING IS PROVIDED THROUGH THE ILLINOIS DEPARTMENT OF COMMERCE AND ECONOMIC OPPORTUNITY, DEPARTMENT OF ENERGY, AND THE DEPARTMENT OF HEALTH AND HUMAN SERVICES THE WEATHERIZATION PROGRAM ALSO OFFERS RETROFIT, REPAIRS, AND/OR REPLACEMENT OF THE HEATING UNIT IN THE ELIGIBLE APPLICANT'S HOME A HEATING, VENTILATION, AND AIR-CONDITIONING (HVAC) CONTRACTOR PERFORMS A CLEANING AND CHECKS THE UNIT FOR SAFETY IF THE EXISTING HEATING UNIT IS HAZARDOUS AND CANNOT BE REPAIRED, A 90% EFFICIENT FURNACE WILL BE INSTALLED VARIOUS STUDIES BY THE STATE HAVE SHOWN THAT THESE WEATHERIZATION MEASURES REDUCE ENERGY COSTS ON AN AVERAGE OF 15% TO 25% RECIPIENTS ARE THEREFORE ABLE TO DEVOTE A LARGER PERCENTAGE OF THEIR INCOMES TO OTHER ESSENTIAL NEEDS "COMMUNITY SERVICES BLOCK GRANT - C E F S ECONOMIC OPPORTUNITY CORPORATION PROVIDES OUTREACH AND REFERRAL SERVICES IN OUR FIELD OFFICES IN THE SEVEN COUNTY SERVICE AREA STAFF MEMBERS AT THE LOCAL OFFICES ARE TRAINED IN BASIC INFORMATION AND REFERRAL TO ASSIST WITH PROBLEMS RELATIVE TO SOCIAL SERVICES THE STAFF PROVIDE INTENSIVE CASE MANAGEMENT SERVICES TO INDIVIDUALS AND FAMILIES THE LOCAL C E F S OUTREACH OFFICE PERSONNEL ARE USUALLY THE FIRST CONTACT MADE WITH THE AGENCY FOR ASSISTANCE SOME MAJOR PROGRAMS OFFERED DIRECTLY BY THE OFFICES ARE LIHEAP, WEATHERIZATION, TAX ASSISTANCE, EMERGENCY FOOD AND SHELTER, BUDGETING, LITERACY, SENIOR SERVICES, AND HOUSING COUNSELING IF THE OUTREACH STAFF CANNOT ASSIST DIRECTLY, A REFERRAL WILL BE MADE TO OTHER PROGRAMS AND PROVIDERS THE COMMUNITY SERVICES BLOCK GRANT PROGRAM IS FUNDED BY THE ILLINOIS DEPARTMENT OF COMMERCE AND ECONOMIC OPPORTUNITY LITERACY PROGRAMS ADULT VOLUNTEER LITERACY - MANY ILLINOIS ADULTS HAVE LIMITED INCOMES BECAUSE OF THEIR POOR SKILLS IN READING, WRITING, MATH, OR ENGLISH PROFICIENCY THE C E F S LEARNING CENTER IS COMMITTED TO PROVIDING ADULT LITERACY PROGRAM SERVICES THAT WILL ENABLE PARTICIPANTS TO FULLY PARTICIPATE IN THEIR FAMILY, WORK, AND COMMUNITY ROLES THE C E F S LEARNING CENTER ADMINISTERS ADULT LITERACY, GED PREPARATION, AND ENGLISH AS A SECOND LANGUAGE PROGRAMS THAT PROVIDE BASIC ADULT LITERACY INSTRUCTION TO ENHANCE READING, WRITING, MATH, OR ENGLISH PROFICIENCY FOR QUALIFYING PROGRAM PARTICIPANTS THE LEARNING CENTER UTILIZES CERTIFIED VOLUNTEERS TO ADMINISTER SMALL GROUP AND ONE-ON-ONE TUTORING SESSIONS WHICH ARE DESIGNED SPECIFICALLY FOR THE NEEDS OF THE LEARNERS VOLUNTEERS RECEIVE FIFTEEN HOURS OF TRAINING THROUGH THE C E F S LITERACY COORDINATOR AND THE SECRETARY OF STATE THROUGH A SERIES OF TRAININGS AND WORKSHOPS TO BECOME CERTIFIED TUTORS THERE ARE NO GUIDELINES ASSOCIATED WITH THE PROGRAMS AND THE SERVICES ARE PROVIDED FREE OF CHARGE THE PROGRAM IS FUNDED THROUGH THE COMMUNITY SERVICES BLOCK GRANT PROGRAM, THE SECRETARY OF STATE/ILLINOIS STATE LIBRARY LITERACY OFFICE, AND EFFINGHAM COUNTY UNITED WAY RSVP PROGRAMSRETIRED SENIOR VOLUNTEER PROGRAM - THE PURPOSE OF THE RETIRED AND SENIOR VOLUNTEER PROGRAM IS TO CREATE MEANINGFUL OPPORTUNITIES FOR PERSONS OF RETIREMENT AGE, 55 YEARS OF AGE OR OLDER, TO PARTICIPATE MORE FULLY IN THE LIFE OF THEIR COMMUNITY OR NEARBY COMMUNITIES THROUGH VOLUNTEER SERVICE VOLUNTEER SERVICE CAN BE IN NON-PROFIT AGENCIES, SCHOOLS, DAY CARE CENTERS, NURSING HOMES, LIBRARIES, ETC NO MATTER WHAT THEIR EXPERIENCE, EDUCATION, INCOME, SKILLS OR PROFESSION, VOLUNTEERS ARE NEEDED RSVP MEMBERS ARE ACTIVE IN CLAY, EFFINGHAM, SHELBY AND MOULTRIE COUNTIES THE RETIRED AND SENIOR VOLUNTEER PROGRAM IS FUNDED BY THE CORPORATION FOR NATIONAL AND COMMUNITY SERVICE, THE ILLINOIS DEPARTMENT ON AGING AND LOCAL UNITED WAY AGENCIES THE PURPOSE OF THE RETIRED AND SENIOR VOLUNTEER PROGRAM IS TO CREATE MEANINGFUL OPPORTUNITIES FOR PERSONS OF RETIREMENT AGE, 55 YEARS OF AGE OR OLDER, TO PARTICIPATE MORE FULLY IN THE LIFE OF THEIR COMMUNITY OR NEARBY COMMUNITIES THROUGH VOLUNTEER SERVICE VOLUNTEER SERVICE CAN BE IN NON-PROFIT AGENCIES, SCHOOLS, DAY CARE CENTERS, NURSING HOMES, LIBRARIES, ETC NO MATTER WHAT THEIR EXPERIENCE, EDUCATION, INCOME, SKILLS, OR PROFESSION, VOLUNTEERS ARE NEEDED RSVP MEMBERS ARE ACTIVE IN CLAY, EFFINGHAM, SHELBY, AND MOULTRIE COUNTIES THE RETIRED AND SENIOR VOLUNTEER PROGRAM IS FUNDED BY THE CORPORATION FOR NATIONAL AND COMMUNITY SERVICE, THE ILLINOIS DEPARTMENT ON AGING, AND LOCAL UNITED WAY AGENCIES HOUSING COUNSELING - THE PURPOSE OF THE C E F S HOUSING COUNSELING PROGRAM IS TO ASSIST RESIDENTS IN MEETING THEIR HOUSING NEEDS AND SOLVING THEIR HOUSING PROBLEMS LOW AND MODERATE-INCOME HOUSEHOLDS RECEIVE PRIORITY ASSISTANCE C E F S ECONOMIC OPPORTUNITY CORPORATION IS A U S DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT, CERTIFIED HOUSING COUNSELING AGENCY OUTREACH OFFICES HAVE PROFESSIONAL STAFF WHO ARE CERTIFIED BY NEIGHBORWORKS AMERICA HOUSING COUNSELORS PROVIDE IN-DEPTH HOUSING COUNSELING IN THE FOLLOWING AREAS PRE-PURCHASE, PRE-RENTAL, MORTGAGE DEFAULT, RENTAL DELINQUENCY, POST OCCUPANCY, HOME IMPROVEMENT/REHABILITATION, ENERGY CONSERVATION, HOUSING CONSUMER EDUCATION, DISPLACEMENT AND RELOCATION, INFORMATION, AND REFERRALS FUNDING IS PROVIDED BY THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT STATE FARM HAS PROVIDED FUNDING FOR ADDITIONAL STAFFING TO MEET THE NEEDS OF OUR HOUSING COUNSELING PROGRAM THESE FUNDS ALLOW US TO HELP ADDITIONAL HOUSEHOLDS WITH NECESSARY RESOURCES TO HELP PEOPLE REMAIN HOUSED OR FIND NEW HOUSING</p>						

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 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.

(Code)	(Expenses \$	1,450,263	including grants of \$	634,804)	(Revenue \$	44,324)
<p>HOMELESS ASSISTANCE PROGRAMS THE RAPID RE-HOUSING PROGRAM IS DESIGNED TO HELP THOSE LIVING IN THE STREET, PLACES NOT MEANT FOR HUMAN HABITATION, OR IN EMERGENCY SHELTERS MOVE INTO AN APARTMENT OR OTHER PERMANENT HOUSING SUPPORTIVE SERVICES IN THE FORM OF BUDGETING, BENEFIT ENROLLMENT, REFERRALS, AND CASE MANAGEMENT WILL BE PROVIDED PARTICIPANTS ARE REQUIRED TO MEET WITH CASE MANAGERS TO CONTINUE OUR RENTAL ASSISTANCE, BUT NO OTHER RESTRICTIONS ARE PLACED ON THEM THE INTENT OF THE PROGRAM IS TO REDUCE THE AMOUNT OF TIME A PERSON IS HOMELESS, ASSIST THEM IN ACQUIRING THE SKILLS NECESSARY TO REMAIN HOUSED, AND MINIMIZE THE CHANCES OF PARTICIPANTS RETURNING TO HOMELESSNESS SERVICES WILL BE AVAILABLE THROUGHOUT THE C E F S ECONOMIC OPPORTUNITY CORPORATION SERVICE AREA OF CLAY, EFFINGHAM, FAYETTE, SHELBY, MOULTRIE, MONTGOMERY, AND CHRISTIAN COUNTIES FUNDING IS PROVIDED BY THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT C E F S PARTICIPATES IN THE SOUTH CENTRAL ILLINOIS CONTINUUM OF CARE TO FACILITATE COMPREHENSIVE SERVICES TO THE HOMELESS POPULATION THE RAPID RE-HOUSING PROGRAM IS A COMPETITIVE GRANT THROUGH THE SOUTH CENTRAL ILLINOIS CONTINUUM OF CARE THAT RECEIVES FUNDING FROM THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT THE C E F S RENTAL HOUSING SUPPORT PROGRAM (RHSP) PROMOTES PERMANENT HOUSING THROUGH THE FUNDING OF RENT SUBSIDIES FOR RENT BURDENED EXTREMELY AND SEVERELY LOW-INCOME HOUSEHOLDS THE PROGRAM WILL PROVIDE RENTAL ASSISTANCE TO HOUSEHOLDS BUT WILL NOT PAY FOR THINGS SUCH AS SECURITY DEPOSITS, EMERGENCY RENTAL ASSISTANCE, OR OTHER COSTS WITH HOUSING THE ILLINOIS HOUSING DEVELOPMENT AUTHORITY HAS CONTRACTED WITH THE ILLINOIS ASSOCIATION OF COMMUNITY ACTION AGENCIES TO CONTRACT WITH LOCAL COMMUNITY ACTION AGENCIES SUCH AS C E F S TO MANAGE AND OPERATE THE PROGRAM IN OUR SERVICE AREA C E F S WILL WORK WITH LOCAL LANDLORDS TO PROVIDE UNITS AND WILL ACCEPT APPLICATIONS FROM POTENTIAL TENANTS ELIGIBLE TENANTS WHO LIVE IN THE UNITS NEED TO BE LOW-INCOME AND CANNOT BE GETTING ASSISTANCE FROM ANOTHER SOURCE THE PROGRAM IS FUNDED BY THE ILLINOIS HOUSING DEVELOPMENT AUTHORITY OUR GOAL IS TO WORK WITH THE HOMELESS POPULATION IN THEIR ATTEMPT TO STABILIZE THEIR CURRENT SITUATION, PROVIDE OPPORTUNITY FOR GROWTH AND DEVELOPMENT, AND TO OBTAIN AND RETAIN LONG-TERM STABLE HOUSING AND BECOME SELF-SUFFICIENT SUPPORTIVE SERVICES NEEDED FOR THE HOMELESS TO STABILIZE MAY INCLUDE SHELTER, FOOD, CLOTHING, LITERACY TRAINING, VOCATIONAL TRAINING, EDUCATION, WORK EXPERIENCE OPPORTUNITIES, TRANSPORTATION, MENTAL HEALTH COUNSELING, PHYSICAL HEALTH REMEDIES, FAMILY COUNSELING, AND DRUG AND ALCOHOL REHABILITATION PARTICIPANT NEEDS ARE DETERMINED THROUGH A NEEDS ASSESSMENT TO DETERMINE WHAT IS NEEDED TO GAIN STABILITY SUPPORTIVE HOUSING FUNDS ARE ADMINISTERED BY THE ILLINOIS DEPARTMENT OF HUMAN SERVICES THE PERMANENT HOUSING PROGRAM IS FUNDED THROUGH THE U S DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) AND PROVIDES THE FUNDING FOR FOUR RENTAL UNITS IN OUR SEVEN COUNTY SERVICE AREA FOR THOSE HAVING A DISABILITY PRIORITY IS GIVEN TO THE CHRONICALLY HOMELESS BUT UNITS WILL BE FILLED TO HOMELESS INDIVIDUALS WITH AT LEAST ONE FAMILY MEMBER WITH A DOCUMENTED DISABILITY EXTENSIVE CASE MANAGEMENT WILL BE PROVIDED IN ORDER TO ASSIST THE HOUSEHOLDS IN SECURING NECESSARY RESOURCES TO KEEP THEM HOUSED "THE EMERGENCY SOLUTIONS GRANT (ESG) PROGRAM IS DESIGNED TO IDENTIFY HOMELESS INDIVIDUALS AND PROVIDE NECESSARY SERVICES TO HELP THOSE PERSONS QUICKLY REGAIN STABILITY IN PERMANENT HOUSING THE GRANT IS AUTHORIZED BY THE MCKINNEY-VENTO HOMELESS ASSISTANCE ACT AND IS FUNDED THROUGH THE U S DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT THE ILLINOIS DEPARTMENT OF HUMAN SERVICES IS RESPONSIBLE FOR ADMINISTERING THE ESG PROGRAM AT THE STATE LEVEL C E F S UTILIZES ESG FUNDS TO LOCATE PERMANENT HOUSING FOR THE HOMELESS INDIVIDUAL/HOUSEHOLD AND PROVIDE FINANCIAL ASSISTANCE FOR RENT, SECURITY DEPOSIT, AND UTILITIES PARTICIPANTS RECEIVE CASE MANAGEMENT INCLUDING HOUSING COUNSELING, BUDGET COUNSELING, AND GOAL SETTING TO HELP IMPROVE THEIR CURRENT HOUSING SITUATION "DHS HOUSING ASSISTANCE PROGRAMS - DHS PROVIDES FUNDING TO OUTREACH FOR THREE GRANTS HOMELESS PREVENTION, EMERGENCY SOLUTIONS GRANT HOMELESS PREVENTION AND EMERGENCY AND TRANSITIONAL HOUSING HOMELESS PREVENTION GRANTS PROVIDE RENTAL ASSISTANCE TO THOSE FACING EVICTION TO HELP MAINTAIN THE CURRENT HOME OR OBTAIN NEW HOUSING TO RECEIVE HOMELESS PREVENTION ASSISTANCE, INDIVIDUALS MUST SHOW AN ABILITY TO FINANCIAL SUSTAIN THE RENT ON THEIR OWN AFTER ONE-TIME GRANT ASSISTANCE EMERGENCY AND TRANSITIONAL HOUSING PROVIDES HOTEL ASSISTANCE TO HOMELESS INDIVIDUALS AND FAMILIES ALONG WITH FOOD ASSISTANCE UNTIL PERMANENT HOUSING CAN BE OBTAINED "</p>						

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
EARLENE ROBINSON DIRECTOR	1 00	X						0	0	0
KEN BARR DIRECTOR	1 00	X						0	0	0
PATRICK GLEASON DIRECTOR (THRU 11/1/18)	1 00	X						0	0	0
MARK ISAIAH DIRECTOR (THRU 11/1/18)	1 00	X						0	0	0
JUSTINA SNYDER DIRECTOR (THRU 11/1/18)	1 00	X						0	0	0
RICK SHMITZ DIRECTOR	1 00	X						0	0	0
JOHN PERRY DIRECTOR	1 00	X						0	0	0
ETHEL WAGNER DIRECTOR	1 00	X						0	0	0
JANICE BROOKS DIRECTOR	1 00	X						0	0	0
DAVID COX DIRECTOR (THRU 3/7/19)	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
GLEND A BARTELS DIRECTOR	1 00	X						0	0	0
ARLENE ASCHERMANN DIRECTOR	1 00	X						0	0	0
JENNY BAKER DIRECTOR	1 00	X						0	0	0
KAREN LUCHTEFELD DIRECTOR (THRU 12/6/18)	1 00	X						0	0	0
SHERRY HICKS DIRECTOR	1 00	X						0	0	0
KAY FREVERT DIRECTOR	1 00	X						0	0	0
AARON JONES DIRECTOR	1 00	X						0	0	0
PATTI WOLFF DIRECTOR	1 00	X						0	0	0
ADAM STEPPE DIRECTOR	1 00	X						0	0	0
CATHY BROOKSHIRE DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
JEAN FINLEY CHAIRPERSON	2 00	X		X				0	0	0
JOEL CLARK TREASURER	2 00	X		X				0	0	0
VICKIE BOWERS SECRETARY	2 00	X		X				0	0	0
MIKE MCCLURE 2ND VICE CHAIRPERSON	2 00	X		X				0	0	0
CHUCK BUCHANAN 1ST VICE CHAIRPERSON	2 00	X		X				0	0	0
KEVIN BUSHUR CHIEF EXECUTIVE OFFICER	40 00			X				89,127	0	9,015
BARBARA WAYMIRE CHIEF OPERATIONS OFFICER	40 00			X				68,449	0	1,168
TINA PEARCY CHIEF FINANCIAL OFFICER	40 00			X				67,547	0	1,168

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

CEFS ECONOMIC OPPORTUNITY CORPORATION

Employer identification number

37-6053117

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 12, 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 (Form 990 or 990-EZ))
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 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)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	17,712,750	15,787,262	16,841,784	17,408,861	18,815,046	86,565,703
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	17,712,750	15,787,262	16,841,784	17,408,861	18,815,046	86,565,703
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						86,565,703

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7 Amounts from line 4	17,712,750	15,787,262	16,841,784	17,408,861	18,815,046	86,565,703
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	27,414	25,457	7,781	13,853	15,932	90,437
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 VI)						
11 Total support. Add lines 7 through 10						86,656,140

12 Gross receipts from related activities, etc (see instructions) **12** 2,690,826

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**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	99.900 %
15 Public support percentage for 2017 Schedule A, Part II, line 14	15	99.910 %

16a 33 1/3% support test—2018. 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 ▶

b 33 1/3% support test—2017. 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 ▶

17a 10%-facts-and-circumstances test—2018. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶

b 10%-facts-and-circumstances test—2017. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶

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 ▶

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

(Complete only if you checked the box on line 10 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 VI.)						
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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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 ►

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 37-6053117

Name: CEFS ECONOMIC OPPORTUNITY CORPORATION

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
CEFS ECONOMIC OPPORTUNITY CORPORATION

Employer identification number
37-6053117

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of 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? Yes 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? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" on 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 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 7/25/06, 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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 XIII, 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" on 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 XIII, 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) Revenue included on 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 Revenue included on 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 XIII
- 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" on 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 XIII and complete the following table
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on 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 current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		218,982		218,982
d Equipment		2,487,109	1,716,696	770,413
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				989,395

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

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

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
CSBG LOAN REFUND PAYABLE	370,137
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	370,137

2. Liability for uncertain tax positions. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	19,723,630
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-38,909
b	Donated services and use of facilities	2b	238,465
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	199,556
3	Subtract line 2e from line 1	3	19,524,074
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 XIII)	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	19,524,074

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	19,810,858
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	238,465
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	238,465
3	Subtract line 2e from line 1	3	19,572,393
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 XIII)	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	19,572,393

Part XIII Supplemental Information

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, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information (continued)**

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 37-6053117

Name: CEFS ECONOMIC OPPORTUNITY CORPORATION

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION AND CLAIMS EXEMPTION FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SIMILAR PROVISIONS OF STATE LAWS IN ADDITION, THE AGENCY QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I
(Form 990)**

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization
CEFS ECONOMIC OPPORTUNITY CORPORATION

Employer identification number
37-6053117

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(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 noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____
- 3 Enter total number of other organizations listed in the line 1 table ▶ _____

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
See Additional Data Table					
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2	C E F S ECONOMIC OPPORTUNITY CORPORATION HAS MANY POLICIES AND PROCEDURES IN PLACE TO MONITOR THE DISTRIBUTION AND USE OF FUNDS ELIGIBILITY FOR ASSISTANCE IS DETERMINED THROUGH INTAKE PROCEDURES WHERE INCOME AND NEED ARE VERIFIED REQUIRED DOCUMENTATION IS OBTAINED BY THE PROGRAMS FOR PAYMENT PROCESSING FILES ARE REVIEWED FOR COMPLIANCE WITH COMPANY POLICIES AND GRANT RESTRICTIONS IN ADDITION, THE ORGANIZATION FREQUENTLY HAS ITS PROGRAMS MONITORED BY FUNDING SOURCES

Additional Data

Software ID:

Software Version:

EIN: 37-6053117

Name: CEFS ECONOMIC OPPORTUNITY CORPORATION

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(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
VOCATIONAL TRAINING	370	2,361,341			
ENERGY ASSISTANCE	5952	4,106,159			
SCHOLARSHIPS	6	11,492			
HOMELESS ASSISTANCE	389	453,071			
FOOD AND SUPPLIES	7793		81,625		

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(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
UTILITY ASSISTANCE	100	14,273			
DISCRETIONARY ASSISTANCE	5	42,252			
HEAD START MEALS	91712		245,447		
WEATHERIZATION	70		830,027		
SENIOR NUTRION MEALS	163539		844,363		

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.					
(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
VOLUNTEER MEALS	315		3,943		

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CEFS ECONOMIC OPPORTUNITY CORPORATION

Employer identification number
37-6053117

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		26,564	RESALE
5 Clothing and household goods	X		4,078	RESALE
6 Cars and other vehicles	X	2	118,316	FAIR MARKET VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X		11,745	COST
20 Drugs and medical supplies	X		1,079	COST
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (CLASSROOM/OFFICE SUPPLIES)	X	0	21,151	COST
26 Other ▶ (FIXED ASSET)	X	0	13,100	FMV
27 Other ▶ (MISCELLANEOUS)	X	0	509	COST
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)**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.

▶ Go to www.irs.gov/Form990 for the latest information.

**Open to Public
Inspection**

Department of the Treasury

Name of the organization

CEFS ECONOMIC OPPORTUNITY CORPORATION

Employer identification number

37-6053117

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE 990 TAX RETURN IS APPROVED BY THE BOARD OF CEFS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD OF DIRECTORS SIGN A CONFLICT OF INTEREST POLICY AND A CODE OF CONDUCT POLICY ANNUALLY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD ANNUALLY ADOPTS A COMPENSATION POLICY FOR THE CEO AND ADOPTS A SALARY GUIDE ANNUALLY FOR THE COO AND CFO

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	DOCUMENTS ARE AVAILABLE UPON REQUEST AND THE FINANCIAL STATEMENTS ARE AVAILABLE ON THEIR WEBSITE