

Form 990-T

AMENDED RETURN SECTION 512(A)(7) REPEAL Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0687

2017

For calendar year 2017 or other tax year beginning SEP 1, 2017, and ending AUG 31, 2018

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

Department of the Treasury Internal Revenue Service

A Check box if address changed

Name of organization (Check box if name changed and see instructions.)

D Employer identification number (Employees' trust, see instructions)

B Exempt under section 501(c)(3) 408(e) 220(e) 408A 530(a) 529(a)

Print or Type

C.E.F.S ECONOMIC OPPORTUNITY CORPORATION

37-6053117

Number, street, and room or suite no. If a P.O. box, see instructions.

1805 SOUTH BANKER STREET

E Unrelated business activity codes (See instructions)

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

EFFINGHAM, IL 62401

812930

C Book value of all assets at end of year 5,892,163.

F Group exemption number (See instructions.)

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

H Describe the organization's primary unrelated business activity. EMPLOYEE PARKING

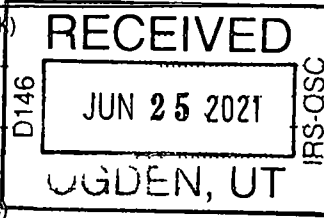
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

J The books are in care of TINA PEARCY Telephone number (217) 342-2193

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1-13 detailing gross receipts, cost of goods sold, and various income sources.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 4 columns: 14-34 detailing deductions such as compensation of officers, salaries, repairs, bad debts, interest, taxes, and charitable contributions.



SCANNED JUL 30 2021

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here... 36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: 37 Proxy tax. See instructions. 38 Alternative minimum tax. 39 Tax on Non-Compliant Facility Income. See instructions. 40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies.

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116). 41b Other credits (see instructions). 41c General business credit. Attach Form 3800. 41d Credit for prior year minimum tax (attach Form 8801 or 8827). 41e Total credits. Add lines 41a through 41d. 42 Subtract line 41e from line 40. 43 Other taxes. Check if from: Form 4255, Form 8611, Form 8697, Form 8866, Other (attach schedule). 44 Total tax. Add lines 42 and 43. 45a Payments: A 2016 overpayment credited to 2017. 45b 2017 estimated tax payments. 45c Tax deposited with Form 8868. 45d Foreign organizations: Tax paid or withheld at source (see instructions). 45e Backup withholding (see instructions). 45f Credit for small employer health insurance premiums (Attach Form 8941). 45g Other credits and payments: Form 2439, Other 1,425. Total 1,425. 46 Total payments. Add lines 45a through 45g. SEE STATEMENT 2. 47 Estimated tax penalty (see instructions). Check if Form 2220 is attached. 48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed. 49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid. 50 Enter the amount of line 49 you want: Credited to 2018 estimated tax, Refunded.

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

51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here. 52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. 53 Enter the amount of tax-exempt interest received or accrued during the tax year.

Sign Here

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

Signature of officer: Chuck Becken, Date: 16-15-21, Title: [blank]

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

Paid Preparer Use Only: Print/Type preparer's name: JILL M. BOYLE, CPA; Preparer's signature: JILL M. BOYLE, CPA; Date: 01/06/21; Check self-employed: []; PTIN: P01246734; Firm's name: SIKICH LLP; Firm's EIN: 36-3168081; Firm's address: 3201 W. WHITE OAKS DR., STE. 102, SPRINGFIELD, IL 62704; Phone no.: (217) 793-3363

FOOTNOTES

STATEMENT 1

LINE 12 EXCLUDING AMOUNTS PAID FOR DISALLOWED FRINGES -
REPEAL OF SECTION 512(A)(7)

FORM 990-T

OTHER CREDITS AND PAYMENTS

STATEMENT 2

DESCRIPTION

AMOUNT

TAX ON ORIGINALLY FILED RETURN

1,425.

TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART IV, LINE 45G

1,425.