### 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 black lung benefit trust or private foundation)

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

2008 Opensto Public % Inspection

A	For th	2008 ca	lendar year, or tax year beginning and ending		
В	Check if	D1	C Name of organization	D Employer identific	ation number
_	Check if applicab	e: Please use IRS	l		
Γ.	Addre	ss label or e print or	CHICAGO LIGHTS		
F	Name Chang	lyne	Doing Business As	36-3	786331
$\vdash$	Initial	See	Number and street (or P.O. box if mail is not delivered to street address) Room/sui		
	Ireturn Termination	Constitu	126 E CHESTNUT STREET		787-4570
	Amen	ded tions.	City or town, state or country, and ZIP + 4	G Gross receipts \$	2,124,437.
	Application pendi	a-	CHICAGO, IL 60611	H(a) is this a group re	turn
	pendi	F Nar	ne and address of principal officer; VICTORIA CURTISS	for affiliates?	Yes X No
			IE AS C ABOVE	H(b) Are all affiliates incl	luded? Yes No
7	Tax-ex		us: X 501(c) ( 3	If "No," attach a	list. (see instructions)
			W.CHICAGOLIGHTS.ORG	H(c) Group exemption	•
					1 State of legal domicile: IL
		Summ			
<u> </u>	1	Briefly de	scribe the organization's mission or most significant activities: CHICAGO I	IGHTS IS A CO	OMMUNITY
2	-	OUTRE	ACH ORGANIZATION THAT FOSTERS EDUCATION	AND LITERACY	
Ë	2		s box larger if the organization discontinued its operations or disposed of me		
Ş	3		of voting members of the governing body (Part VI, line 1a)	1 _ 1	18
ŏ	4		of independent voting members of the governing body (Part VI, line 1b)		18
တ္	5		nber of employees (Part V, line 2a)		0
ë	6		ber of volunteers (estimate if necessary)		1092
Activities & Governance	7a		ss unrelated business revenue from Part VIII, line 12, column (C)		0.
٨	¨b	_	ated business taxable income from Form 990-T, line 34	······	0.
	1			Prior Year	Current Year
Revenue	8	Contributi	ions and grants (Part VIII, line 1h)	1,873,422.	1,887,173.
	9		service revenue (Part VIII, line 2g)	254,268.	95,720.
eve	10	•	nt income (Part VIII, column (A), lines 3, 4, and 7d)		11,365.
ď.	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		······································
	1		nue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,127,690.	1,994,258.
			d similar amounts paid (Part IX, column (A), lines 1-3)		72,610.
	14		oaid to or for members (Part IX, column (A), line 4)		
ψ	1	-	other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,160,104.	1,284,346.
Expenses	16a		nal fundraising fees (Part IX, column (A), line 11e)		2,824.
e e	b	Total fund	draising expenses (Part IX, column (D), line 25)  261,869.	THE RESERVE OF THE PERSON NAMED IN	
щ	17		penses (Part IX, column (A), lines 11a-11d, 11f-24f)	907,001.	637,341.
	,		enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,067,105.	1,997,121.
	19		less expenses. Subtract line 18 from line 12	60,585.	-2,863.
28	3			Beginning of Year	End of Year
Net Assets or Find Balances	20	Total asse	ets (Part X, line 16)	396,431.	451,881.
Ą	21	Total liabi	lities (Part X, line 26)	143,200.	201,513.
35	22	Net asset	s or fund balances. Subtract line 21 from line 20	253,231.	250,368.
R	art		ture Block		
		Under pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and statemen te. Declaration of preparer (other than officer) is based on all information of which preparer has any knowlec	ts, and to the best of my knowled- lge.	ge and belief, it is true, correct,
			122 117		3/09
Sig	ın		87C74 0 · C		,, 0,
Hei	re	l' -	ature of officer	Date	
			RK H. NELSON, TREASURER		
		Тура	e or print name and title		
Pai	d	Preparer's		Check if Prepare	er's identifying number structions)
	u parer's	signature	Nact Tay	employed 🕨 📗	
	only	Firm's name yours if	ROM MCGHADREI INC	EIN ►	
	, oney	self-employ address, an	- BOARD BOOTH (MICHELL BREWIN) BOTTER		40 604 5400
		ZIP + 4	CHICAGO, IL 60606-3392	Phone no. ► 3	12-634-3400
Ma	y the II	RS discus	s this return with the preparer shown above? (see instructions)	·····	X Yes No

	•				Page :	2
orm 886	3 (Rev. 4-2009)	-tlethio box				
If you	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and	check this box	006			
Jote Or	aly complete Part II if you have already been granted an automatic 3-month extension on a pr	eviously filed Fo	MIII OOC	0.		
• If you	rive - to an Automotic 2-Month Extension, complete ONV Part LON Dage 1).					-
Partil		Original (no cop	mplou	or identific	cation number	_
	Name of Exempt Organization		mpioy	a identitie	sation trained.	
Type or			36-	-37863	31	
orint	CHICAGO LIGHTS			use only		_
File by the extended	Number, street, and room or suite no. If a P.O. box, see instructions.	1.00	0(1110	400 0,		
due date fo filing the						<b>3</b>
eturn. See Instruction	Chicago, in ovoir	37.00				
Check t	vne of return to be filed (File a separate application for each return):			5007	Form 887	'n
X Fo	orm 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust)	n 1041·A L	≒ ` ***	n 5227 │ n 6069	FUIII 667	U
F	orm 990-BL Form 990-PF Form 990-T (trust other than above) Form	m 4720	rom	16009	.,	
OTOD!	Do not complete Part II if you were not already granted an automatic 3-month extension	on a previous	ly filed	Form 886	8.	
STOPIT						
	MR. ROBERT DOAK	11				
<ul><li>The l</li></ul>	books are in the care of ► 126 E CHESTNUT - CHICAGO, IL 606					
Telej		ox			▶ 🗀	
<ul><li>If the</li></ul>	e organization does not have an office or place of business in the United States, check this best is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	, If this	is for t	he whole ç	group, check th	iis
		and EINs of all r	nembe	s the exte	nsion is for.	
box 🕨						
4 1	Prinest all additional o more of the	, and ending	_			
5 F	this tax year is for less than 12 months, check reason: Initial return	al return	С	hange in a	ccounting peri	bo
7 9	tate in detail why you need the extension 'HE INFORMATION NECESSARY TO COMPLETE THE RETUI	RN HAS N	OT Y	ET BE	EN MADE	
<u>'1</u>	VAILABLE.					
	this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, les	ss any				
_	and the debte credits. See instructions		8a	\$		
b #	this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and	estimated				
U 11	ax payments made. Include any prior year overpayment allowed as a credit and any amount	paid	1.24			
	areviously with Form 8868		8b	\$		
	Internal Pure Subtract line 85 from line 85. Include your payment with this form, or, it require	ed, deposit			N/A	
. v	with ETD coupon or if required, by using EFTPS (Electronic Federal Tax Payment System), 5	ee instructions.	8c	\$	N/A	
	Cianature and verification			mu lenguela	dae and halief	
<b>U</b> nder o	enalties of perjury, I declare that I have examined this form, including accompanying schedules and state	ements, and to th	e desi oi	my knowie	uye anu uener,	
it is true	, correct, and complete, and that I am authorized to prepare this form.		Data	_ 7-	30-20	29
Signatu	re Dard Flege Title CPA		Date		n 8868 (Rev. 4-1	



Form **8868** (Rev. April 2009)

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

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

File a separate application for each return.

	· · · · · · · · · · · · · · · · · · ·	
	u are filing for an Automatic 3-Month Extension, complete only Part I and check this box	
If yo	u are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form).
o no	complete Part II unless you have already been granted an automatic 3-month extension on a previously fil	ed FOIII 6606.
Part	Automatic 3-Month Extension of Time. Only submit original (no copies needed).	
corp	oration required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	plete
Part I o		▶ □
o file i	er corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an ncome tax retums.	
oted not au	onic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronical tomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or conjust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic files, gov/efile and click on e-file for Charities & Nonprofits.	rally if (1) you want the additional assolidated Form 990-T. Instead,
уре		Employer identification number
rint		26 2706221
ile by ti	CHICAGO LIGHTS	36-3786331
lue date ling you	for Number, street, and foom of suite fig. if a P.O. box, see instructions.	· · · · · · · · · · · · · · · · · · ·
eturn. S nstructio		
Check	type of return to be filed(file a separate application for each return):	
प्र	Form 990 Form 990-T (corporation) Form 47	'20
	Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52	227
	Form 990-EZ Form 990-T (trust other than above) Form 60	069
	Form 990-PF	370
Tel	MR. ROBERT DOAK  books are in the care of ▶ 126 E CHESTNUT - CHICAGO, IL 60611  ephone No.▶ 312-274-3821  FAX No.▶  the organization does not have an office or place of business in the United States, check this box	
lf ti	his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If th	members the extension will cover.
X	. It it is for part of the group, check this box   Limit at a detail a first that are find a single of an	
	request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt AUGUST 15, 2009 , to file the exempt organization return for the organization named a	il lbove. The extension
	is for the organization's return for:	
	► X catendar year 2008 or  tax year beginning , and ending	
	tax year beginning, and ending	·
2	If this tax year is for less than 12 months, check reason: Initial return Final return	Change in accounting period
	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	
	nonrefundable credits. See instructions.	3a \$
	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	25 6
	tax payments made. Include any prior year overpayment allowed as a credit.	3b \$
	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	1
	deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).	3c \$ N/A
	See instructions.	
Cauti	on. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8879-EO for payment instructions.

Form 8868 (Rev. 4-2009)

	990 (2008) CHICAGO LIGHTS 50-5760551 Fage 2
Pa	till Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission:
	CHICAGO LIGHTS CHANGES LIVES ONE AT A TIME BY OFFERING HOPE AND
	OPPORTUNITY TO INDIVIDUALS AND FAMILIES WHO FACE THE CHALLENGES OF
	AGING, POVERTY AND ACCESS TO EDUCATION AND HEALTHCARE
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes", describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes", describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
	7,7
4a	(Code: ) (Expenses \$ 497,517. including grants of \$ ) (Revenue \$ 62,157.)
	A. TUTORING PROGRAM: THIS PROGRAM PROVIDES ONE-ON-ONE TUTORING TO
	MINORITY STUDENTS AS WELL AS SCHOLARSHIPS FOR PRIVATE AND PAROCHIAL
	HIGH SCHOOL ATTENDANCE. THE CHILDREN ARE TRANSPORTED TO THE CHURCH
	WHERE THEY MEET THEIR TUTOR AND PRACTICE BASIC SKILLS OR SPECIAL FOCUS
	INSTRUCTION, SUCH AS GEOGRAPHY, COMPUTERS, OR ETIQUETTE. THE PROGRAM
	SERVES OVER 400 MINORITY STUDENTS WHO ARE LIVING IN ECONOMICALLY
	DISADVANTAGED NEIGHBORHOODS IN 33 CHICAGO ZIP CODES.
	DIDADVARIAGED RELGEDORE IN 55 CHICHOO ELL COSES.
41.	(Code: ) (Expenses \$ 301,155. including grants of \$ ) (Revenue \$ 58,782.)
4b	(Code: )(Expenses \$ 301,155. including grants of \$ )(Hevenue \$ 50,702.)  CENTER FOR LIFE AND LEARNING: THIS PROGRAM PROVIDES SENIORS IN THE
	COMMUNITY WITH DAILY OPPORTUNITY TO CONNECT WITH THE THREE CRITICAL
	BENCHMARKS FOR HEALTHY AGING: SOCIAL, EDUCATION, AND PHYSICAL
	ACTIVITIES. OLDER ADULTS PARTICIPATE IN ACADEMIC, SPIRITUAL, AND
	EXERCISE CLASSES; MUSEUM OUTINGS, PLAYS AND DINNERS, COMPUTER CLASSES;
	AND STUDY GROUPS.
	AND STUDI GROUPS.
	26 455
4c	(Code: ) (Expenses \$ 242,365. including grants of \$ ) (Revenue \$ 25,455.)
	ELAM DAVIES SOCIAL SERVICES CENTER: THIS PROGRAM MEETS BASIC HUMAN
	NEEDS AND PROVIDES A PATH TO SELF-SUFFICIENCY FOR ADULTS AND FAMILIES
	WHO ARE HOMELESS OR LIVING IN POVERTY. IN ADDITION TO MEALS AND
	CLOTHING, THE CENTER PROVIDES RESOURCES AND REFERRAL FOR SUBSTANCE
	ABUSE COUNSELING, MENTAL HEALTH SERVICES, JOB TRAINING AND FINDING
	QUALITY HOUSING.
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ 535,026 · including grants of \$ ) (Revenue \$ 40,030 · )
4e	Total program service expenses ▶\$ 1,576,063. (Must equal Part IX, Line 25, column (B).)
	5 000 (200)

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I 3 X 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II ... Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice X on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes, " complete Х 8 Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide X credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV ..... Х Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 10 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? 11 Х If "Yes." complete Schedule D, Parts VI, VIII, IX, or X as applicable 11 Did the organization receive an audited financial statement for the year for which it is completing this return that was 12 Х prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 12  $\overline{\mathbf{x}}$ 13 is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 14a Did the organization maintain an office, employees, or agents outside of the U.S.? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, Х 14b and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity 15 Х 15 located outside the United States? If "Yes," complete Schedule F, Part II Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals 16 Х located outside the United States? If "Yes," complete Schedule F, Part III X 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 17 X 18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II ..... 18 X 19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Х 20 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H X Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 21 X Did the organization report more than \$5,000 on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III ..... 22 Х Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J 23 23 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? If "Yes," answer questions 24b-24d and complete Schedule K. X 24a If "No", go to question 25 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a X disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a X 25b prior year? If "Yes," complete Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified 26 Х 26 person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial Х contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:	S. C.		
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other	Bagar day		
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	<b>2</b> 8b		Х
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X

Form **990** (2008)

Statements Regarding Other IRS Filings and Tax Compliance Part V No Yes 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 30 U.S. Information Returns. Enter -0- if not applicable 1a 1b b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 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 2b 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 this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? Х 3b b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited 5c Tax Shelter Transaction? X 6a 6a Did the organization solicit any contributions that were not tax deductible? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 7 a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? ..... 7a 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required 7c to file Form 82827 d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. 9a a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: N/A 10 a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: N/A a Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year ...

Part VII Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,		10/3869	- 15 E
	processes, or changes in Schedule O. See instructions.		No.	(f) (f) (h)
1a	Enter the number of voting members of the governing body		1000	
b	Enter the number of voting members that are independent 1b 1	B	istan e	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		ು ಾವಿದ್ಯಸ	
_	officer, director, trustee, or key employee?	2		Х
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?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		Х
h	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	N V	17.75° 11.75°	50.020
O	by the following:		种型	
_	The governing body?	8a	X	8495 (ACC)
b	Each committee with authority to act on behalf of the governing body?		Х	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,		<del> </del>	
D	and branches to ensure their operations are consistent with those of the organization?	9b		
40	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must	1	<del> </del>	
10	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	10	<u></u>	
11	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	1	x
200	tion B. Policies	<u> </u>	<del></del>	<u> </u>
Sec	uon B. Policies		Yes	No
40	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	103	X
		12.0		<del>                                     </del>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	12b		
	to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	<del> </del> -	<del>                                     </del>
С		12c		
	in Schedule O how this is done	-	X	-
13	Does the organization have a written whistleblower policy?	<u> </u>	X	<del></del>
14	Does the organization have a written document retention and destruction policy?	14 3595	1503.67	113015
15	Did the process for determining compensation of the following persons include a review and approval by independent			profession in
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:	57,976	v	33990
а	The organization's CEO, Executive Director, or top management official?	455	X	├─
b	Other officers or key employees of the organization?	15b		<b>P</b> 1000
	Describe the process in Schedule O. (see instructions)	2 10.00		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		23:14:11	v
	taxable entity during the year?	16a	10000000	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	1000		
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	32.		
	exempt status with respect to such arrangements?	<b>16</b> b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filled $ ightharpoonup$ $ ightharpoonu$			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	le for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	and fin	ancial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ation:	<b>_</b>	
	MR. ROBERT G. HOLBEN - 312-274-3821			
	126 E CHESTNUT, CHICAGO, IL 60611			
22200		ъ.	. 000	100001

36-3786331

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did not	compensate an	y of	ficer	, dir	ectc	or, tri	ıste	1		
(A)	(B)	(B) (C)						(D)	(E)	(F)
Name and Title	Average		Position (check all that apply)					Reportable	Reportable	Estimated
	hours	(0	hecl	∢all i	that	app	ly)	compensation	compensation from related	amount of other
•	per week	actor	actor					from the	organizations	compensation
	WOOK	i i	es.			ated	1	organization	(W-2/1099-MISC)	from the
	1	stee	Institutional trustee		a.	penss		(W-2/1099-MISC)		organization
		la tr	lenoi		ploye	E Sa	l . '			and related
		ndividual trustee or director	stter	Officer	ey em	Highest compensated employee	i i			organizations
		<u> </u>	-		_	"	_			
BETH TRUETT	2 00	X		х				46,303.	0.	23,366.
EXECUTIVE DIRECTOR	2.00	<u> </u>		<u> </u>		╀	<u> </u>	40,303.	V •!	43,300.
ROBERT DOAK	4 00	X		X				0.	0.	0.
TREASURER	4.00	<u>^</u>		Δ.		<del> </del>		0.	0.	
BETTY BERGSTROM	2 00	٠,						0.	0.	0.
DIRECTOR	2.00	Х		<u> </u>		<del> </del>	<u> </u>	V •	0.	
MARK J. BEREYSO	1	٦,		ι,				0.	0.	0.
PRESIDENT	2.00	X		Х	L	├		- 0.	0.	
NANCY UNGLAUB	1 2 00	x						0.	0.	0.
DIRECTOR	2.00	Δ.	<del> </del>	-	-	┈		0.	U •	<u> </u>
MARK BECKMAN	2.00	x						0.	0.	0.
DIRECTOR	2.00		├	-	-	├		V •	0.	- 0.
DIANNE E. BOWMAN	2.00	x						0.	0.	0.
DIRECTOR DELIA C. COLEMAN	2.00	<u> </u>	-		⊢	-	├─		0.	
DIRECTOR	2.00	X		ŀ			l	0.	0.	0.
JAY FREY	2.00	1			┢╌	-	├			<u>~</u>
SECRETARY	2.00	x		X			l	0.	0.	0.
FRANCIA E. HARRINGTON	2.00		╁┈	1.	-	-	├			
DIRECTOR	2.00	x					1	0.	0.	0.
LARRY MCCRACKEN	2.00	<del> </del>		┢╌	┢		╁			
DIRECTOR	2.00	x			1			0.	0.	0.
ALISON THOMAS	+		<del>                                     </del>	<del> </del>	$\vdash$		一		•	
VICE PRESIDENT	2.00	x	ļ	Х			ŀ	0.	0.	0.
VICTORIA CURTISS		┢▔		-	$\vdash$	1	<del> </del>			
EXECUTIVE DIRECTOR	4.00	x		Х				13,630.	0.	5,798.
JEAN BAN	-	ऻ	$\vdash$		ļ	İ	Г			
DIRECTOR	2.00	X				1		0.	0.	0.
SYLVIA WYNN					$\Box$					
DIRECTOR	2.00	X						0.	0.	0.
			Ì	1			Γ			
		<u>L</u>		<u> </u>						
	1	1				1				
						1	_			

(A) Name and title	(B) Average hours		1	(C Posi	C) tion			(D) Reportable compensation	(E) Reportable		(F) Estimated amount of	_
	per week	director	Institutional trustee			Highest compensated Employee		from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS	l s	other compensation from the organization and related organizations	
												_
			_		_							
					_							
					_							
di Tani						<u> </u>		59,933.		0.	29,164	1.
Total number of individuals (including those compensation from the organization	e in 1a) who re	ceiv	ed n	nore	tha	an \$1					Yes No	0
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s											3 X	ζ.) ζ
<ul> <li>For any individual listed on line 1a, is the st and related organizations greater than \$15</li> <li>Did any person listed on line 1a receive or a</li> </ul>	0,000? If "Yes,	," cc	mpl	ete .	Sch	edul	e J	for such individual			4 X	ζ
the organization? If "Yes," complete Sched Section B. Independent Contractors	ule J for such	pers	on .		,				<u></u>		5 X	
Complete this table for your five highest contained the organization.     NONE	mpensated in	dep	ende	ent o	cont	tract	ors ·		\$100,000 of cor	npens		
(A) Name and business	address							(B) Description of	services	(C) Compensation		
			-		·							
									<del></del> -			
2 Total number of independent contractors (information from the organization ►	ncluding thos	e in	1) w	ho r	ece	ived	mo	re than \$100,000 in cor	npensation			

		· · · · · · · · · · · · · · · · · · ·	GO LIGHT	S			36-3786	331 Page <b>9</b>
Pa	t VII	Statement of Reven	iue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,
Contributions, gifts, grants and other similar amounts	b c d e f	Membership dues Fundraising events Related organizations Government grants (contributions, gifts, grant similar amounts not included above	1c   1d   1d   1d   1d   1d   1d   1d	1,887,173. 12,940.	1887173.			513, or 514
Program Service Revenue	2 a b c d e f	CENTER FOR LIFE HOLIDAY CARDS TUTORING AND SC MISCELLANOUS IN SUMMER DAY PROG All other program service reve Total. Add lines 2a-2f	AND LE HOLARSH COME RAM nue	Business Code 611600 611600 611600 611600 611600 531110	50,537. 17,265. 9,304. 4,971. 4,403. 9,240. 95,720.	50,537. 17,265. 9,304. 4,971. 4,403. 9,240.		
Other Revenue	c d	Less: rental expenses Rental income or (loss)	 k-exempt bond p	oroceeds (ii) Personal	11,365.			11,365.
	c d 8 a	Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraising including \$ 1.28, 9 contributions reported on line Part IV, line 18 Less: direct expenses	g events (not 97 • of 1c). See	130179. 130179.				
	9 a b c 10 a	Net income or (loss) from fund Gross income from gaming ac Part IV, line 19 Less: direct expenses Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sale	tivities. See	<b>&gt;</b>				
	11 a b c d	All other revenue  Total. Add lines 11a-11d  Total Revenue. Add lines 11. 20.3.	е	Business Code	1994258.	95,720	0.	11,365

#### Part IX Statement of Functional Expenses

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

Total expenses		All other organizations must comp	olete column (A) but are		ete columns (B), (C), an	
Comparison of the Section Part V, line 21   Comparison of the Co			(A) Total expenses		(C) Management and general expenses	expenses
2 Gards and other assistance to individuals in the U.S. See Part N. line 2?  3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part N. line 25 and 16  4 Benofits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of individuals above, to disqualified persons (as defined under seelind 4988(ft/1) and persons and seelind 4988(ft/1) and persons (as defined under seelind 49	1	Grants and other assistance to governments and				
## LUS. See Part IV. Ine 22		organizations in the U.S. See Part IV, line 21				
3 Gards and other assistance to governments, organizations, and individuals outside the U.S. Sae Part V, lines 15 and 16.  4 Benofits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation for inclinded above, to disqualified persons (as defined under section 4988(ft/1) and persons discribed in section 4988(ft/1) and persons and persons discribed in accomplication and amortization in large and a section 4988(ft/1) and persons and persons discribed in accomplication and amortization in large discribed in section 4988(ft/1) and persons and persons discribed in accomplication and amortization in large discribed in section 4988(ft/1) and persons and persons discribed in accomplication and amortization in large discribed in accomplication and amort	2	Grants and other assistance to individuals in			9.70	
organizations, and individuals outside the U.S. See Part IV, lines 15 and 16  4 Bonotifis paid to or for members  5 Compensation of current officers, directors, trustees, and fely unprojected selection of current officers, directors, trustees, and fely unprojected of Set (I) and persons discribed in section 4958(I) and persons discribed in section 4958(II and persons and persons discribed in section 4958(II and persons and persons discribed in an analysis of the section 4958(II and persons and persons discribed in an analysis of the section 4958(II and persons di		the U.S. See Part IV, line 22	72,610.	72,610.	market state of the state of th	, greenstation
See Part IV, lines 15 and 16	3	Grants and other assistance to governments,				
See Part IV, lines 15 and 16		organizations, and individuals outside the U.S.				
5 Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f(1)) and persons discribed in section 4958(f(1)) and section 4958(f(1)) employer contributions (f(1)) employer contributions (f					The state of the s	r ar i se e vilova se
6 Compensation not included above, to disqualified persons (as defined under section 4950((x))(8) and section 401(x) and section 4050(x)(3)(8) and section 401(x) and section 403(x) employer contributions) and section 403(x) employer contributions (a 190, 337, 145, 741, 12, 048, 32, 548, 19, 49, 49, 49, 533, 11, 608.  10 Payroll taxes 6, 200 employer contributions (a 190, 337, 145, 741, 12, 048, 32, 548, 11, 608.  11 Fees for services (non-employees):  a Management (especial contribution (especial contribution) (especial contribut	4	Benefits paid to or for members			2000	
6 Compensation not included above, to disqualified persons (as defined under section 4958(r)(3)(8) 7 Other salaries and wages 9 Pension plan contributions (include section 401(r) and section 403(t)) employer contributions) 9 Other employee benefits 190, 337. 145, 741. 12,048. 32,548. 10 Payroll taxes 66,734. 48,993. 6,133. 11,608. 11 Fees for services (non-employees): a Management b Logal c Accounting c Professional fundralising services. See Part IV, line 17 f Investment management fees 9 Other 229,054. 229,054. 229,054. 13,942. 23,797. 10 flore standard promotion 10 Gifee sepances 11 Fees for services (non-employees): a Management fees 9 Other 12 Advertising and promotion 13 Office sepances 147,823. 10,084. 13,942. 23,797. 14 Information technology 15 Royaltius 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Payments to affiliates 13 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Payments to affiliates 13 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Payments to affiliates 13 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Payments to affiliates 13 Payments and provided above, (Expenses grouped expenses shown on the 25 below) 14 Payments of travel or entertainment expenses 14 Payments to affiliates 15 Payments to affiliates 16 Payments to affiliates 17 Payments to affiliates 18 Payments to affiliates 18 Payments to affiliates 19 Payments to affiliates 19 Payments to affiliates 10 Payments of travel or entertainment expenses 10 Payments of travel or entertainment expense	5	Compensation of current officers, directors,				
persons (as defined under section 4986(r)(1)) and persons described in section 498(e)(3)(8)  7 Other calaries and wages  8 Pension plan contributions (include section 40(fk) and section 40(fk) employer contributions)  9 Other employee benefits  190 , 337, 145, 741, 12, 048, 32, 548, 190 yayroll taxes  10 Payroll taxes  11 Foes for services (non-employees):  a Management  b Legal  c Accounting  d Lobbying  Professional fundialing services. See Part IV, line I7 If Investment management (see g)  Q Other  229, 054, 229, 054, 229, 054, 229, 054, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 119, 351, 351, 351, 351, 351, 351, 351, 351		trustees, and key employees				
Porsion plan contributions (include section 401(t) and section 401(t) employer contributions (include section 401(t) and section 403(t) employer contributions (include section 401(t) employer contributions (include section 401(t) and section 403(t) employer contributions (include section 401(t) and	6	·			ļ	
7 Other salaries and wages 8 Persisting han contributions (include section 401(k) and section 403(h) employer contributions) 9 Other employee benefits 190,337, 145,741, 12,048, 32,548, 190,337, 145,741, 12,048, 32,548, 190,337, 145,741, 12,048, 32,548, 190,337, 145,741, 12,048, 32,548, 190,337, 145,741, 12,048, 32,548, 190,337, 145,741, 12,048, 32,548, 190,337, 145,741, 12,048, 32,548, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 190,000, 1		persons (as defined under section 4958(f)(1)) and				
8 Pension plan contributions (include section 401(k) and section 403(h) employer contributions) 9 Other employee benefits 190, 337, 145, 741, 12,048, 32,548, 10 Payrolit taxes 66,734, 48,993, 6,133, 11,608, 11 Feas for services (non-employees): a Management b Logal c Accounting 6,200, 6,200, d Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees g Other 12 Advertising and promotion 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,351, 19,3		persons described in section 4958(c)(3)(B)			100 001	456 550
and section 403(b) employer contributions)  9 Other employee benefits  190 , 337 , 145,741 , 12,048 , 32,548 , 66,734 , 48,993 , 6,133 , 11,608 . 66,734 , 48,993 , 6,133 , 11,608 . 66,734 , 48,993 , 6,133 , 11,608 . 66,734 , 48,993 , 6,133 , 11,608 . 66,734 , 48,993 , 6,133 , 11,608 . 66,734 , 48,993 , 6,133 , 11,608 . 66,734 , 48,993 , 6,133 , 11,608 . 66,734 , 48,993 , 6,133 , 11,608 . 66,734 , 48,993 , 6,133 , 11,608 . 66,734 , 48,993 , 6,133 , 11,608 . 66,734 , 48,993 , 6,133 , 11,608 . 66,734 , 48,993 , 6,133 , 11,608 . 66,734 , 48,993 , 6,133 , 11,608 . 66,734 , 48,993 , 6,133 , 11,608 . 66,734 , 48,993 , 6,133 , 11,608 . 66,734 , 48,993 , 6,133 , 11,608 . 66,734 , 48,993 , 6,133 , 11,608 . 66,734 , 48,993 , 6,133 , 11,608 . 66,734 , 48,993 , 6,133 , 11,608 . 66,734 , 48,993 , 6,133 , 11,608 . 66,734 , 48,993 , 6,133 , 11,608 . 66,734 , 48,993 , 6,133 , 11,608 . 66,734 , 48,993 , 6,133 , 11,608 . 66,734 , 48,993 , 6,133 , 11,608 . 66,734 , 48,993 , 6,133 , 11,608 . 66,734 , 48,993 , 6,133 , 11,608 . 66,734 , 48,993 , 6,133 , 11,608 . 66,734 , 48,993 , 6,133 , 11,608 . 66,734 , 48,993 , 6,133 , 11,608 . 66,734 , 48,993 , 6,133 , 11,608 . 66,734 , 48,993 , 6,133 , 11,608 . 66,734 , 48,993 , 6,133 , 11,608 . 66,734 , 48,993 , 6,133 , 11,608 . 66,734 , 48,993 , 6,133 , 11,608 . 66,734 , 48,993 , 6,133 , 11,608 . 66,734 , 48,993 , 6,133 , 11,608 . 66,734 , 48,993 , 6,133 , 11,608 . 66,734 , 48,993 , 6,133 , 11,608 . 66,734 , 48,993 , 6,133 , 11,608 . 66,734 , 48,993 , 6,133 , 11,608 . 66,734 , 48,993 , 6,133 , 11,608 . 66,734 , 48,993 , 6,133 , 11,608 . 66,734 , 48,993 , 6,133 , 11,608 . 66,734 , 48,993 , 6,133 , 11,608 . 66,734 , 48,993 , 6,133 , 11,608 . 66,734 , 48,993 , 6,133 , 11,608 . 66,734 , 48,993 , 6,133 , 11,608 . 66,734 , 48,993 , 6,133 , 11,608 . 66,704 , 11,608 , 11,608 , 11,608 , 11,608 , 11,608 , 11,608 , 11,608 , 11,608 , 11,608 , 11,608 , 11,608 , 11,608 , 11,608 , 11,608 , 11,608 , 11,608 , 11,608 , 11,608 , 11,608 , 11,608 , 11,608 , 11,608 , 11,608 , 11,608 , 11,608 , 11,608 , 11,608 , 11	7	=	988,296.	730,840.	100,884.	156,572.
9 Other employee benefits	8			20 040	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	C EE1
10 Payroll taxes			38,979.	30,049.		6,554.
11 Fees for services (non-employees): a Management b Legal c Accounting d Lobbying c Professional fundraising services. See Part IV, line 17 f Investment management fees g Other 229,054, 229,054, 229,054, 229,054, 239,054, 239,054, 239,054, 239,054, 239,054, 239,054, 240,084 tissing and promotion 19,351, 30ffice expenses 47,823, 10,084, 13,942, 23,797, 14 Information technology 50,000, 75,500, 8,500, 6,000, 17 Travel 68,442, 68,442, 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Cocupancy 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Insurance 14 Other expenses, temize expenses not covered above. (Expenses grouped logither and labeled appress stown on line 25 below.) 15 EVENTS 16 MEALS 17 All other expenses 18 Payments of time 25 below.) 18 EVENTS 19 All other expenses 10 All other expenses 10 All other expenses 11 Payments to affiliates 12 Depreciation, depletion, and amortization 18 Insurance 19 Other expenses stown on line 25 below.) 21 Interest 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses stown on line 25 below.) 25 Total functional expenses. Add lines 1 through 24f 26 Joint Costs. Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (8) ploit costs from a combined	9	• •	I			
a Management b Legal c Accounting d Lobbyling e Professional fundralsing services. See Part IV, line 17 f Investment management fees g Other 2 229,054, 229,054.  2 Advertising and promotion 19,351. 10 Office exponses 110 Advertising and promotion 19,351. 111 Advertising and promotion 19,351. 112 Advertising and promotion 19,351. 113,942. 123,797. 124 Information technology 155 Royalties 156 Occupancy 157 Royalties 158 Payments of travel or entertainment expenses for any federal, state, or local public officials 159 Conferences, conventions, and meetings 150 Interest 151 Payments to affiliates 152 Depreciation, depletion, and amortization 153 Insurance 154 Office expenses shown on line 25 below.) 155 Interest 156 Payments to affiliates 157 Definition of the promose shown on line 25 below.) 158 Payments to affiliates 159 Depreciation, depletion, and amortization 150 Insurance 150 Interest 151 Payments to affiliates 152 Depreciation, depletion, and amortization 153 Insurance 157 Definition of the promose shown on line 25 below.) 158 Payments of insurance 159 Depreciation, depletion, and amortization 150 Insurance 150 Definition of the promose shown on line 25 below.) 151 Definition of the promose shown on line 25 below.) 152 Depreciation, depletion, and amortization of the promose shown on line 25 below.) 159 Definition of the promose shown on line 25 below.) 160 Definition of the promose of the	10		66,734.	48,993.	6,133.	TT,608.
b Legal c Accounting d Lobbying						
C   Accounting   C	a	Management				
A Lobbying   Professional fundraising services. See Part IV, line 17   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 , 824   2 ,	b	Legal				
e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other 229,054. 229,054.  229,054.   229,054.   229,054.   23,797.  23,797.  24 Advertising and promotion 25 Advertising and promotion 26 Advertising and promotion 27 Advertising and promotion 28 Royalties 29 Other 30 Office expenses 47,823. 10,084. 13,942. 23,797.  40 Information technology 50 Other 50 Occupancy 50 Otherences, conventions, and meetings 50 Interest 50 Interest 50 Depreciation, depletion, and amortization Insurance 51 Insurance 52 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) 51 EVENTS 52 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) 52 Other expenses. Itemize expenses. Add lines 1 through 24f 53 Other expenses. Add lines 1 through 24f 54 Other expenses. Add lines 1 through 24f 55 Otal functional expenses. Add lines 1 through 24f 56 Otal functional expenses. Add lines 1 through 24f 57 Otal functional expenses. Add lines 1 through 24f 58 Otal functional expenses. Add lines 1 through 24f 59 Otal functional expenses. Add lines 1 through 24f 59 Otal functional expenses. Add lines 1 through 24f 50 Otal functional expenses. Add lines 1 through 24f 50 Otal functional expenses. Add lines 1 through 24f 50 Otal functional expenses. Add lines 1 through 24f 51 Otal functional expenses. Add lines 1 through 24f 52 Otal functional expenses. Add lines 1 through 24f 53 Otal functional expenses. Add lines 1 through 24f 54 Otal functional expenses. Add lines 1 through 24f 55 Otal functional expenses. Add lines 1 through 24f 56 Otal functional expenses. Add lines 1 through 24f 57 Otal functional expenses. Add lines 1 through 24f 57 Otal functional expenses. Add lines 1 through 24f 58	С	Accounting	6,200.		6,200.	
The street transagement fees   229,054   229,054	d	Lobbying		constituted to the properties to delicate the delicate section of the constitution of	MINISTER OF CARROLS AND	0.004
g Other	е	Professional fundraising services. See Part IV, line 17	2,824.			2,824.
12 Advertising and promotion 19,351. 3 Office expenses 47,823. 10,084. 13,942. 23,797. 4 Information technology 6,110. 6,110. 5 Royalties 6 Occupancy 90,000. 75,500. 8,500. 6,000. 7 Travel 8 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest 19 Conferences, conventions, and meetings Interest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization Insurance 23 Interest 24 Other expenses, ltemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) 25 EVENTS 46,617. 44,002. 2,615. 25 Otal functional expenses. Add lines 1 through 24f 26 Joint Costs. Check here	f	Investment management fees	200-254	000 054		
13 Office expenses	g	Other		229,054.		10 251
14 Information technology 6 , 110 . 6 , 110 .  15 Royalties 90 , 000 . 75 , 500 . 8 , 500 . 6 , 000 .  17 Travel 68 , 442 . 68 , 442 .  18 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings interest  20 Interest Payments to affiliates  21 Depreciation, depletion, and amortization insurance  24 Other expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)  2 EVENTS 46 , 617 . 44 , 002 . 2 , 615 .  2 MEALS 25 , 036 . 25 , 036 .  2 Joint Costs. Check here ▶ if following SDP 98-2 Complete this line only if the organization reported in column (8) joint costs from a combined	12	Advertising and promotion	19,351.	40.004	12 040	
Royalties	13	Office expenses	47,823.	10,084.		23,191.
16 Occupancy 90,000. 75,500. 8,500. 6,000.  17 Travel 68,442. 68,442.  18 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings Insurance  20 Interest 9  10 Insurance 9  21 Depreciation, depletion, and amortization Insurance davove, (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)  22 EVENTS 46,617. 44,002. 2,615.  23 Insurance 9  46,617. 44,002. 2,615.  24 Other expenses 10 tovered above, (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)  25 MEALS 25,036. 25,036.  26 Joint Costs Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (8) joint costs from a combined	14	Information technology	6,110.	· · · · · · · · · · · · · · · · · · ·	6,110.	
17 Travel 68 , 442 . 68 , 442 . 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Depreciation, depletion, and amortization Insurance Other expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)  a EVENTS 46 , 617 . 44 , 002 . 2 , 615 . 18	15	Royalties	00.00	BE FOO	0 500	- C 000
Payments of travel or entertainment expenses for any federal, state, or local public officials  Conferences, conventions, and meetings interest  Interest  Depreciation, depletion, and amortization  Insurance  Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)  EVENTS  MEALS  DEVENTS  A (617. 44,002. 2,615.  MEALS  DEVENTS  A (617. 44,002. 2,615.  A (7,615.  A (7,615	16	Occupancy			8,500.	6,000.
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Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)  a EVENTS  b MEALS  c d e  f All other expenses  7 All other expenses  98,708 95,712 2,996 .  25 Total functional expenses. Add lines 1 through 24f  26 Joint Costs. Check here   if following SOP 98-2. Complete this line only if the organization reported in column (8) joint costs from a combined						
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miscellaneous may not exceed 5% of total expenses shown on line 25 below.)  a EVENTS  b MEALS  c d e  f All other expenses  Total functional expenses. Add lines 1 through 24f  26 Joint Costs. Check here  if following SOP 98-2. Complete this line only if the organization reported in column (8) joint costs from a combined	24		performance in the second	out the second term		7.45 (15.144)
a EVENTS b MEALS 25,036. 25,036.  c d		miscellaneous may not exceed 5% of total				1、12、1時的問題(各)中心為
b MEALS  c d e f All other expenses  Total functional expenses. Add lines 1 through 24f  25,036.  25,036.  25,036.  25,036.  25,036.  26,036.  27,036.  28,036.  29,036.  20,036.  20,036.  21,996.  21,997,121.  21,576,063.  22,996.  23,996.  24,996.  25,036.  26,036.  27,036.  28,036.  29,036.  20,036.  20,036.  21,996.  21,997,121.  21,576,063.  22,996.  23,996.  24,996.  25,036.  25,036.  25,036.  25,036.  26,036.  26,036.  27,036.  27,036.  28,036.  29,036.  20,036.  20,036.  21,996.  21,997,121.  22,996.  23,036.  24,036.  25,036.  25,036.  25,036.  25,036.  25,036.  26,036.  26,036.  26,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  27,036.  2			16 617	14 OO2	STATE OF THE PARTY	2 61 E
c d	а					Δ, U13+
d e f All other expenses Total functional expenses. Add lines 1 through 24f  25 Joint Costs. Check here Jif following SOP 98-2. Complete this line only if the organization reported in column (8) joint costs from a combined	_	MEALS	∠5,030.	45,030.		
e f All other expenses  25 Total functional expenses. Add lines 1 through 24f  26 Joint Costs. Check here  if following SOP 98-2. Complete this line only if the organization reported in column (8) joint costs from a combined						
All other expenses  Total functional expenses. Add lines 1 through 24f  Total functional expenses. Add lines 1 through 24f  Joint Costs. Check here if following  SOP 98-2. Complete this line only if the organization reported in column (8) joint costs from a combined	d					
Total functional expenses. Add lines 1 through 24f  26 Joint Costs. Check here   if following  SOP 98-2. Complete this line only if the organization reported in column (8) joint costs from a combined			00 700	QE 710	2 996	
26 Joint Costs. Check here   if following  SOP 98-2. Complete this line only if the organization reported in column (8) joint costs from a combined	_		90,700			261 060
SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined			1,331,141.	1,5/0,003.	109,109.	ZU1,007.
reported in column (B) joint costs from a combined	26				<u> </u>	
		•				
educational campaign and fundraising solicitation I		• • • • • • • • • • • • • • • • • • • •				
Form <b>990</b> (2008)		educational campaign and fundraising solicitation			<u> </u>	Form <b>000</b> (2008)

Form 990 (2008)

		- Data No One	(A) Beginning of year		<b>(B)</b> End of year					
-	1	Cash - non-interest-bearing	281,169.	1	436,594.					
	2	Savings and temporary cash investments		2	<del></del>					
	3	Pledges and grants receivable, net		3						
	4	Accounts receivable, net	24,625.	4						
	5	Receivables from current and former officers, directors, trustees, key	22/0230							
	,			5						
		employees, or other related parties. Complete Part II of Schedule L  Receivables from other disqualified persons (as defined under section		100 M	NTANTO SCHOOL TO SEE					
	6	• • • • • • • • • • • • • • • • • • • •								
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete	"不是什么,"是在完實之物		AND THE PROPERTY OF THE PARTY O					
		Part II of Schedule L		6						
Assets	7	Notes and loans receivable, net		7						
55	8	Inventories for sale or use	00 042	8	15 007					
•	9	Prepaid expenses and deferred charges	20,243.	9	15,287.					
	10a	Land, buildings, and equipment: cost basis 10a			TO A					
	b	Less: accumulated depreciation. Complete	S. COLAR EAR		Lance of the second					
		Part VI of Schedule D 10b		10c						
	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	70,394.	15	0.					
	16	Total assets. Add lines 1 through 15 (must equal line 34)	396,431.	16	451,881.					
	17	Accounts payable and accrued expenses	119,275.	17	89,661.					
	18	Grants payable		18						
	19	Deferred revenue	23,925.	19	21,850.					
	20	Tax-exempt bond liabilities		20						
Ø	21	Escrow account liability, Complete Part IV of Schedule D		21						
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			ongwert in the Conference of t					
ΙĠ		highest compensated employees, and disqualified persons. Complete Part II		Z i W						
Ë	1	of Schedule L	・ 経 が中で、砂田の間に	22	Moral Comment of the control of the control of the					
	23	Secured mortgages and notes payable to unrelated third parties		23						
	24	Unsecured notes and loans payable		24						
	25	Other liabilities. Complete Part X of Schedule D	0.	25	90,002.					
	26	Total liabilities. Add lines 17 through 25	143,200.	26	201,513.					
	20	Organizations that follow SFAS 117, check here X and complete			and the factor of the second					
10		lines 27 through 29, and lines 33 and 34.								
ő	27	Unrestricted net assets	92,176.	27	92,838.					
lan			161,055.	28	157,530.					
Ba	28	Temporarily restricted net assets  Permanently restricted net assets	101,000,	29	2377330					
ဋ	29	•		2.5 2.5 2.5 2.5 2.5 2.5 2.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3						
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here and	。 · · · · · · · · · · · · · · · · · · ·		ATTIMITATION TO THE PARTY OF THE					
S		complete lines 30 through 34.		30						
set	30	Capital stock or trust principal, or current funds		31						
As	31	Paid-in or capital surplus, or land, building, or equipment fund								
ě	32	Retained earnings, endowment, accumulated income, or other funds	253,231.	32	250,368.					
•	33	Total net assets or fund balances		33						
Line see	34	Total liabilities and net assets/fund balances	396,431.	34	451,881.					
Pa	rt XI	Financial Statements and Reporting			Yes   No					
			٦؞؞							
1		unting method used to prepare the Form 990; Cash X Accrual	Other							
2a		the organization's financial statements compiled or reviewed by an independent								
b		the organization's financial statements audited by an independent accountant?								
C		es" to lines 2a or 2b, does the organization have a committee that assumes respo			1 1 1					
	review, or compilation of its financial statements and selection of an independent accountant?									
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								
		nd OMB Circular A-133?								
b	If "Ye	s," did the organization undergo the required audit or audits?								
					Form <b>990</b> (2008)					

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number 36-3786331 CHICAGO LIGHTS

Part I	Reason	for Public Char	ity Status (All organiza	ations mus	st complet	e this part	.) (see inst	ructions)			
he organ	ization is not a	private foundation	pecause it is: (Please che	eck only o	ne organiz	ation.)					
1 🔲	A church, cor	nvention of churches	s, or association of churc	ches descr	ribed in <b>se</b>	ction 170(	b)(1)(A)(i).				
2			<b>0(b)(1)(A)(ii).</b> (Attach Sch								
з 🗔			tal service organization d		in section	170(b)(1)(	A)(iii). (Att	ach Sched	lule H.)		
4	A medical res	search organization	operated in conjunction \	with a hos	pital descr	ibed in <b>se</b>	ction 170(	b)(1)(A)(iii)	). Enter th	e hospital's name	Э,
•	city, and stat		,		•						
5 🔲			benefit of a college or un	iversity ov	vned or or	erated by	a governr	nental unit	describe	d in	
<b>у</b>		(b)(1)(A)(iv). (Comple				·····	<b>3</b>				
<u> </u>			ent or governmental unit	described	l in eactio	n 170(h)(1	νανωι				
6			ein or governmentarum eives a substantial part o					r from the	aeneral ni	thlic described in	1
<i>'</i> _	_			n ka suhh	OIL HOIH a	govennie	mai umi o	i iloiti ilio	gonorarpi	abile decombed in	
		b)(1)(A)(vi). (Comple		OI-t-	Down II V						
8 🖳			ection 170(b)(1)(A)(vi). (				arithmen so	anah arahin	toan and	d aroon ropoints fr	rom
9 X			eives: (1) more than 33 1								
			nctions - subject to certa								
			axable income (less sect	ion 511 ta	x) trom bu	sinesses a	rcdritea p	y me orgai	nization ai	ter June 30, 1973	J.
—		<b>509(a)(2). (</b> Complete				\ <b>!</b>	- F00(-)(d	) (aga inat	mustians)		
10	An organizati	on organized and or	perated exclusively to tes	st for publ	ic sarety.	ee <b>sectio</b>	n 509(a)(4	). (See ms	tructions)		
11 📖			perated exclusively for th								И
			itions described in section				). See <b>se</b> c	ajeuc noir	aj(3). Oned	ж тпе вох глас	
			organization and comple							T 115 Oth	
	a Type I				e III - Func					Type III - Other	_
e			t the organization is not								i
			han one or more publicly						i(a)(1) or s	ection 509(a)(2).	
f			ten determination from t								
	supporting or	rganization, check th	ils box								ш
g			rganization accepted an							[v]	<u> </u>
	-		irectly controls, either al							_ <del>                                     </del>	No
	-		upported organization?								
			described in (i) above?								—
			person described in (i) of							[11g(iii)]	
h	Provide the f	ollowing information	about the organizations	the organ	ization su	oports.					
		· · · · · · · · · · · · · · · · · · ·	(UI) Tunn of	la 51 u		( ) 511		6.33.1-	4		
(i) Name	of supported	(ii) EIN	(ili) Type of organization		organization sted in your			(vi) ls organizațio	in in col.	(vii) Amount of	:
orga	nization		(described on lines 1-9		document?			(i) organize U.S.	ed in the	support	
			above or IRC section	Yes	No	Yes	No	Yes	No		
			(see instructions))								
				<del></del>	<del>                                     </del>						
				<u> </u>							
				-							
											<del></del>
		1000 (100) 1000 (100) 1000 (100)							72.47		
[otal		Table Consider			海源海		<b>建筑</b>	1415 A 1412 KA	The Cappeng		

Schedule A (Form 990 or 990-EZ) 2008 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (f) Total (c) 2006 (d) 2007 (e) 2008 Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 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 - 3 ..... 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 Section B. Total Support (f) Total (b) 2005 (d) 2007 (e) 2008 Calendar year (or fiscal year beginning in) (a) 2004 (c) 2006 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 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 2008 (line 6, column (f) divided by line 11, column (f)) % 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 16a 33 1/3% support test - 2008. 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 - 2007. 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 - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

36-3786331 Page 3 Schedule A (Form 990 or 990-EZ) 2008 CHICAGO LIGHTS Partill | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (d) 2007 (e) 2008 (f) Total (a) 2004 (b) 2005 (c) 2006 Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 1,149,021 1,192,686, 1 440 624 1.873,422 1,774,233, 7,429,986. 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 232,701. 254,268. 208,660 35,613. 1,068,538. 337,296 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 2,127,690, 1,982,893 8,498,524. 1,673,325 6 Total. Add lines 1 - 5 ..... 1 486 317 1,228,299 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 c Add lines 7a and 7b 8,498,524. 8 Public support (Subtract line 7c from line 6.) Section B. Total Support (f) Total Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 1,673,325 2,127,690 1,982,893 8.498,524. 1,486,317 1,228,299, 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 11,365. 11,829. 464 and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 11,365 11,829. 464. 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 eate (Evolain in Part IV)

13	Total support (Add lines 9, 10c, 11, and 12.)		8,510,353	3,
14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section	n 501(c)(3) organi	zation,	_
	check this box and stop here		<b>&gt;</b>	<u>_</u>
Sec	ction C. Computation of Public Support Percentage			_
15	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	99.86	%
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	99.98	%
Sec	ction D. Computation of Investment Income Percentage			
17	Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)	17	.14	%
18	Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	.02	%
19a	33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 3	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	ation	►X	
b	33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is mo	ore 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 supp	orted organization	·	7
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see in	structions	▶∟	Ţ

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

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

► Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Employer identification number Name of the organization 36-3786331 CHICAGO LIGHTS Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)( 3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.) General Rule For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules X For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, fine 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but

they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Employer Identification number

#### CHICAGO LIGHTS

36-3786331

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ACKERMANN FAMILY MEMORIAL FUND  231 S. LASALLE STREET  CHICAGO, IL 60697	\$55,165.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	MRS. JEANNE SULLIVAN  175 E. DELAWARE PL., APT 6805  CHICAGO, IL 60611-1730	<u>50,000.</u>	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Omnicash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
823452 12-1		\$Schedule B (Form	Person Payroll Noncash (Complete Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2008)

### Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Rubits
Inspection

Name of the organization

CHICAGO LIGHTS

Employer identification number 36-3786331

rai	organizations Maintaining Donor Advised organization answered "Yes" to Form 990, Part IV, line 6.		de de Accountes. Complete it tile
	Giganization answered Tes to Form 550,1 art (v) line 5.	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writ	ting that the assets held in donor ad-	vised funds
•	are the organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donor advi		
•	for charitable purposes and not for the benefit of the donor or d		
Pai	Conservation Easements. Complete if the organ		
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or plea	asure) Preservation of an h	nistoricaliy important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified conserv	vation contribution in the form of a co	onservation easement on the last day
	of the tax year.		
	,		Held at the End of the Year
а	Total number of conservation easements		2a
b			i 1
	Number of conservation easements on a certified historic struct		
d	At the second of		
3	Number of conservation easements modified, transferred, relea		
-	year▶	•	
4	Number of states where property subject to conservation easer	ment is located >	
5	Does the organization have a written policy regarding the period		and
	enforcement of the conservation easements it holds?		
6	Staff or volunteer hours devoted to monitoring, inspecting, and		
7	Amount of expenses incurred in monitoring, inspecting, and en		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservation	easements in its revenue and exper	nse statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization		
	conservation easements.		
Pai	TIII Organizations Maintaining Collections of A	Art, Historical Treasures, or	Other Similar Assets.
#75'A_7	Complete if the organization answered "Yes" to Form 99	0, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, not to	o report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, educ	cation, or research in furtherance of	public service, provide, in Part XIV, the text o
	the footnote to its financial statements that describes these iter		
b	If the organization elected, as permitted under SFAS 116, to re-	port in its revenue statement and bal	lance sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, or re-	esearch in furtherance of public serv	rice, provide the following amounts relating to
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical treasure	ures, or other similar assets for finan	cial gain, provide
	the following amounts required to be reported under SFAS 116		2
а	Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
a	Assets included in Form 990, Part X	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>&gt;</b> \$
D	Added moladed but offit ood, I dit A		

	dule D (Form 990) 2008 CHICAGO L							30-37			
Par	t III Organizations Maintaining Coll	ections of A	rt, Hist	orical Tr	easures, <u>c</u>	or Othe	er Simil	ar Asse	ts (cont	inued)	)
3	Using the organization's accession and other re-	cords, check any	of the fo	ollowing tha	t are a signif	icant use	of its col	lection ite	ms (che	ck ali	
	that apply):										
а	Public exhibition	d	i 🔲 L	_oan or excl	hange progra	ams					
b	Scholarly research	e		Other							
c	Preservation for future generations										
4	Provide a description of the organization's collect	ctions and explai	n how th	ey further th	ne organizati	ion's exe	mpt purp	ose in Par	t XIV.		
5	During the year, did the organization solicit or re										
_	to be sold to raise funds rather than to be maint							<u> </u>	Yes		No_
Par	Trust, Escrow and Custodial A								t IV, line	9, or	
eritor de Tita	reported an amount on Form 990, Part X,										
1a	Is the organization an agent, trustee, custodian	or other intermed	diary for d	contribution	s or other as	sets not	included		_		
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIV and										
		•						-	Amoun	it	
С	Beginning balance						1c				
	Additions during the year						، د ا				
е	Distributions during the year										
f	Ending balance						1 40				
2a	Did the organization include an amount on Form							<u></u>	Yes		No
	If "Yes," explain the arrangement in Part XIV.										
Par	Endowment Funds. Complete if or	ganization answe	ered "Yes	s" to Form 9	990, Part IV,	line 10.					
235	{	a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three	years back	(e) Fou	r years	back
1a	Beginning of year balance	161,055.	4.核如果	San Carrie				Taylor.	ير د فره		5-16 M
b	Contributions		<b>新</b> 帕克			推荐机		能的物质	ŵ 47.,	. 14 M	3 201
	Investment earnings or losses		1,000	riida Aanaa ka ka da da da				1000000		ata a	
d	Grants or scholarships		小神经激神	Manager 197			ing release.		all and a		, ২ কৰিছে
е	Other expenditures for facilities				W. 100	4000		alian saturi	<b>15</b>		3
	and programs	3,525.			Toric - Allen						24
f	Administrative expenses				A CONTRACTOR				152 524	ا التوريق مرور	2, 234
g	End of year balance	157,530.	海鄉	40.72		JANA NA	1. WAY	ALTERIA	商会社	3.1.	. (4)
2	Provide the estimated percentage of the year er	nd balance held a	as:								
а	Board designated or quasi-endowment		<u>%</u>								
b	Permanent endowment	%									
С	Term endowment $\blacktriangleright$ 100.00 %										
За	Are there endowment funds not in the possession	on of the organiz	ation the	at are held a	ınd administ	ered for t	he organ	ization			
	by:									Yes	No
	(i) unrelated organizations	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					,		3a(i)	<u> </u>	X
	(ii) related organizations									L	X
b	If "Yes" to 3a(ii), are the related organizations lis	ted as required o	on Sched	dule R?					3b	<u>L</u>	<u> </u>
4	Describe in Part XIV the intended uses of the or	ganization's ende	owment	funds.							
Pai	t VI》 Investments - Land, Buildings,	and Equipm	ent. Se	e Form 990	, Part X, line	10.					
	Description of investment	(a) Cost or o			or other	(c) D	Pepreciati	on	<b>(d)</b> Boo	ok valu	ie
		basis (investr	ment)	basis	(other)	are of a sport		3 No. 1 (2.2)			
ta	Land					110000					
b	Buildings					-					
	Leasehold improvements					<u></u>					
d	Equipment						<u> </u>				
e	Other	<u> </u>				<u> </u>					
<b>Fotal</b>	. Add lines 1a-1e. (Column (d) should equal Form	990, Part X, colu	umn (B),	line 10(c).)				. 🕨			0.

(a) Description of security or category (including name of security)	(b) Book value	c	(c) Method of valuations or end-of-year mark	
Financial derivatives and other financial products				
Closely-held equity interests				
Other				
				·
•				
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.)	<b>&gt;</b>	Maria de la companiona de		20年12年2月2日
Part VIII Investments - Program Related.	See Form 990, Part X, li			
(a) Description of investment type	(b) Book value		(c) Method of valua	
			ost of chid of year mai	
	<u> </u>			
		for valencing were supplied that		
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.)		<b>新教养教品表示</b>	and the second s	
Part IX Other Assets. See Form 990, Part X, lir				(b) Book value
	a) Description			(b) Book value
		-		
	·			
	· · · · · · · · · · · · · · · · · · ·			
Total. (Column (b) should equal Form 990, Part X, col (B)			<b>&gt;</b>	
Part X Other Liabilities. See Form 990, Part X	ζ, line 25.	-0.3 A	To the control of the	al out the second of the second of the second of the second of
(a) Description of liability		(b) Amount		
Federal income taxes				
DUE TO FOURTH PRESBYTERIAN C	HURCH OF	··		
CHICAGO		90,002	<b>.</b>	主要基础 万千
			or of contract the book of the of the	un et verler hen de telleren
			──「記述時間を Strake is a long strake is	
				Charles Control

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48. 832053 12-23-08

CHT	ሮኔር	$\Omega$	TG	HTS

Pa	TXI Reconciliation of Change in Net Assets from Form 990 to	Finan	cial State	ement	s	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		1,994,258.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		1,997,121.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		-2,863.
4	Net unrealized gains (losses) on investments	,,,		4		
5	Donated services and use of facilities			5		
6	Investment expenses			6		
7	Prior period adjustments			7		
8	Other (Describe in Part XIV)			8		<del></del>
9	Total adjustments (net). Add lines 4-8			9		0.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9			10		-2,863.
Pai	t XIII Reconciliation of Revenue per Audited Financial Statemen	nts Wi	th Rever	iue pe	r Return	1 004 050
1	Total revenue, gains, and other support per audited financial statements				1	1,994,258.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ı r				
а	Net unrealized gains on investments	2a			3,000	
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants					
d	Other (Describe in Part XIV)				434.163	
е	Add lines 2a through 2d	· · · · · · · · · · · · · · · · · · ·				0.
3	Subtract line 2e from line 1				3	1,994,258.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIV)	4b			\$ 100 mm	0
С	Add lines 4a and 4b					U.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)				5	1,994,258.
Рa	XIII Reconciliation of Expenses per Audited Financial Stateme					irn 1 007 101
1	Total expenses and losses per audited financial statements		••••		, 1	1,997,121.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1				
а	Donated services and use of facilities		110	<del></del>		
b	Prior year adjustments					
C	Losses reported on Form 990, Part IX, line 25	1				
d	, , , , , , , , , , , , , , , , , , , ,					0
е						0. 1,997,121.
3	Subtract line 2e from line 1				3	1,991,121.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			95.5	
а	Investment expenses not included on Form 990, Part VIII, line 7b				(A) 640	
b	Other (Describe in Part XiV)	•			######################################	0.
C	Add lines 4a and 4b					
5 100000	The state of the s			.,	5	1,997,121.
	t XIV Supplemental Information		I 4: D-			Ohi Dart V. Ilaa 4: Dart
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	i, lines T	a and 4; Pa	ere IV, IIN	es ib and	zo; Part V, line 4; Part
X; Pa	rt XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.					
				-		
		<del></del>				

#### SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2008

Open To Public Inspection

Employer identification number

Schedule G (Form 990 or 990-EZ) 2008

CHICAGO	LIGHTS				36-3786	33L
	Complete if the organization answe					<u></u> .
1 Indicate whether the organization rais	sed funds through any of the followir	ıg acti	vities.	Check all that apply		
a Mail solicitations	e Solicitat	ion of	non-g	overnment grants		
b Email solicitations	f Solicitat	ion of	gover	nment grants		
	g 🔲 Special		-			
	g open					
d In-person solicitations  2 a Did the organization have a written of	eral agreement with any individual	(include	dina o	fficers directors true	stees or	
2 a Did the organization have a written to	or oral agreement with any individual	(IIIOIU) rofono	ional f	indroisina conicas	Yes	X No
key employees listed in Form 990, P	art vii) or entity in confrection with p	ioless	a caro	amonto undor which	the fundraleer is to	
b If "Yes," list the ten highest paid ind	ividuals or entitles (fundraisers) purs	uanı ıd	agre	ements under which	the fullulaiser is to	De
compensated at least \$5,000 by the	organization. Form 990-EZ filers are	not re	equire	to complete triis ta	<u>.</u>	
		/!::N			(v) Amount paid	full Assessment mainl
(i) Name of individual	(ii) Activity	fundi	raiser	(iv) Gross receipts	to (or retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	(ii) Motivity	have c	Did raiser ustody itrol of utlons?	from activity	fundraiser listed in col. (i)	organization
		contrib	utions?		10000 111 0011 (17	
		Yes	No			
				T		
	ł					
		<del>                                     </del>				
		<del> </del>	<del> </del>			
				]		
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		<u> </u>	ļ			
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		1			]	
		<u> </u>				<u> </u>
			<u> </u>	<del> </del>		
<del></del>					<b>!</b>	
Total	<u></u>				1	<u> </u>
3 List all states in which the organization	on is registered or licensed to solicit	funds	or has	s been notified it is e	xempt from registrat	tion or licensing.
	<u></u>					
	,					
			•			
				· · · · · · · · · · · · · · · · · · ·		

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

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

			(a) Event #1 GALA	(b) Event #2	(c) Other Events NONE	(d) Total Events (Add col. (a) through
o ·			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	259,176.			259,176.
	2	Less: Charitable contributions	128,997.			128,997.
	3	Gross revenue (line 1 minus line 2)	130,179.			130,179.
	4	Cash prizes				
ses	5	Non-cash prizes				
Direct Expenses	6	Rent/facility costs	64,395.			64,395.
Direct	7	Other direct expenses	65,784.			65,784.
	8	Direct expense summary. Add lines 4 through	n 7 in column (d)		<b>&gt;</b>	( 130,179.)
	9	Net income summary. Combine lines 3 and 8	in column (d)		<b>&gt;</b>	0.
Pa	rt.	Gaming. Complete if the organization : \$15,000 on Form 990-EZ, line 6a.	answered "Yes" to Form	990, Part IV, line 19, or	reported more than	
Revenue		\$ TOTOGO OTT STITL COST ELLEN THE SEA	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Reve	1	Gross revenue				
S	2	Cash prizes				
Direct Expenses	3	Non-cash prizes				
Direct E	4	Rent/facility costs				
_	5	Other direct expenses				
	_	Volunteer labor	Yes %	Yes %	Yes% No	
		Direct expense summary. Add lines 2 through				(
	8	Net gaming income summary. Combine lines	Tand 7 in column (a)			Yes No
		ter the state(s) in which the organization opera he organization licensed to operate gaming ac		states?		9a
		No," Explain: .				
10~	10/-	ere any of the organization's gaming licenses re	evoked suspended or te	erminated during the ta	x vear?	10a
		Yes," Explain:	overloa, basponasa er is	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	_	es the organization operate gaming activities v	with nonmembers?			11
11 12	ls t	he organization a grantor, beneficiary or truste	ee of a trust or a member	r of a partnership or oth	er entity formed to	
	ad	minister charitable gaming?				141

	*	ź		
Schedule G (Form 990 or 990-EZ) 2008 CHICAGO LIGHTS	36-	378633		<u> </u>
13 Indicate the percentage of gaming activity operated in:			Yes	No ∑
a The organization's facility		% M		
b An outside facility	13b	%		
14 Provide the name and address of the person who prepares the organization's gaming/special e	events books and records:			
Name	···	—		
Address ►				
15a Does the organization have a contract with a third party from whom the organization receives g	aming revenue?	15a	9-20-3-5-Kin	3000000
Tod boos the organization have a continue that a dama party from the digenization received	,		177 35 E	10.00
b If "Yes," enter the amount of gaming revenue received by the organization ► \$ of gaming revenue retained by the third party ► \$	and the amount			
c If "Yes," enter name and address:			2 ( ) ( ) ( ) ( )	AN AND AND
• II • • • • • • • • • • • • • • • • •		14.16		inserse
Name ►		100.00		
Turilo P				
Address ▶				
Address -				<b>Figure</b>
40. O unit a management forms at land			ing the	
16 Gaming manager information:				
<b>.</b>			141	
Name		<b>19</b> 19		
		200		
Gaming manager compensation 🕨 \$		140.2		
Description of services provided >				
		100.00	物影	
		<b>77.</b> %	er er	8.20
Director/officer Employee Independent contractor		160		是多位
		24 30 11 2 3 4 5	13 45. 44.	
17 Mandatory distributions:		No.	Section 1	
a Is the organization required under state law to make charitable distributions from the gaming p	proceeds to	100		X.20
retain the state gaming license?		17a	Annual Contraction	A STEEL AS
b Enter the amount of distributions required under state law distributed to other exempt organization		7,014		
organization's own exempt activities during the tax year > \$	actority of opolity in the	<b>数载流流</b> 34.44.2	9000000 2000000000000000000000000000000	
organization s own exempt activities during the tax year > \psi	***	18(\$89050)	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1975.75%

OMB No. 1545-0047	2008	Open to Public Inspection	Employer identification number 36-3786331		:       	X Yes No	rt IV, line 21, for any	nal space is needed 🕨	(h) Purpose of grant or assistance				<b>A</b>
					istance, and the selec		es" on Form 990, Par	(Form 990) if addition	(g) Description of non-cash assistance				
,	·	organization answered "Yes," on Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990.			of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection		anization answered "Y	art IV and Schedule I-1	(f) Method of valuation (book, FMV, appraisal, other)			,	
e to Organizations	tuals in the U.S.	," on Form 990, Pa m 990.			grantees' eligibilit	d States.	Somplete if the org	nan \$5,000. Use P.	(e) Amount of non-cash assistance				
Grants and Other Assistance to Organizations.	Governments, and Individuals in the U.S.	on answered "Yes," on F  ✓ Attach to Form 990.			s or assistance, the	t funds in the Unite	e United States.	nt received more th	(d) Amount of cash grant				
Grants and	Govern	ete if the organizatic				oring the use of grant	Organizations in th	box if no one recipie	(c) IRC section if applicable				ganizations
		▼ Complete if the	IGHTS	nd Assistance	o substantiate the	stance?	Governments and	\$5,000. Check this	(b) EIN				ind government or
			on CHICAGO L.	General Information on Grants and Assistance	Does the organization maintain records to substantiate the amount	criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	1 (a) Name and address of organization or government				Enter total number of section 501(c)(3) and government organizations
SCHEDULE 1	(066 11101)	Department of the Treasury Internal Revenue Service	Name of the organization	Part   General In	1 Does the organiz	criteria used to av	artile		1 (a) Name and ad or gov				2 Enter total numb

Schedule I (Form 990) 2008 CHICAGO LIGHTS

Partill Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Use Schedule I-1 (Form 990) if additional space is needed.

Page 2

36-3786331

(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
TUTORING PROGRAM OF CHICAGO LIGHTS	22	72 610	o		
Part W Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	ide the information	required in Part I,	line 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: THE GR	GRANTS AWAI	AWARDED ARE F	FOR PRIVATE	SCHOOL	
TUITION PAID ON BEHALF OF STUDENTS.	S. CHICAGO	LIGHTS	PAYS THE SC	SCHOOLS	
DIRECTLY.					
	:				

#### SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

**NonCash Contributions** 

➤ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

2008

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CHICAGO LIGHTS

Employer identification number 36-3786331

Pai	Types of Property					
		(a)	(b)	(c)	(d)	
		Check if applicable	Number of	Revenues reported on Form 990, Part VIII, line 1g	Method of det revenu	
		applicable	CONTRIBUTIONS	TOTH 990, Fait Viii, iiie 19	, cvcnu	
1	Art - Works of art					
2	Art - Historical treasures					
3	Art · Fractional interests					
4	Books and publications		THE RESERVE AND THE		. "	
5	Clothing and household goods		L			
6	Cars and other vehicles					
7	Boats and planes					
В	Intellectual property					
9	Securities - Publicly traded					
10	Securities - Closely held stock					
11	Securities - Partnership, LLC, or					
	trust interests		ļ			
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					
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts			11000		
25	Other ► ( <u>AUCTION ITEMS</u> )	X	154	112,940.	F'MV	
26	Other					
27	Other • ()					
28	Other ()	<u> </u>		<u> </u>		
29	Number of Forms 8283 received by the organ			,		
	for which the organization completed Form 82	283, Part IV,	Donee Acknov	wledgment 29	1	
						Yes No
30a	Duffing the year, and the organization receive by contribution any property reported in 1 arch, inces 125 that kinds the organization receive by					
	at least three years from the date of the initial					10000000 0000 0 0 0 0 0 0 0 0 0 0 0 0 0
	the entire holding period?				.,	
	If "Yes," describe the arrangement in Part II.				\$855,550, TO 140, 121, 211, 211, 21	
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?  31 X  Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash					
32a						32a X
	contributions?					32a X
	if "Yes," describe in Part II.			المارية والمارية والم	- charted	
33	If the organization did not report revenues in o	column (c) to	or a type of pro	perty for which column (a) is	s checked,	
	describe in Part II.					[2016] (1917年) [2015年]

#### SCHEDULE O (Form 990)

**Supplemental Information to Form 990** 

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public
Inspection

Name of the organization

CHICAGO LIGHTS

Employer identification number 36-3786331

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:						
ALLEVIATES HUNGER AND HOMELESSNESS, AND ADVANCES HEALTH AND WELLNESS.						
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:						
CENTER FOR WHOLE HEALTH: THIS PROGRAM PROMOTES HEALTH AND WELLNESS IN						
MIND, BODY AND SPIRIT THROUGH SCREENINGS, IMMUNIZATIONS, HEALTH						
ASSESSMENTS AND REFERRALS, EDUCATIONAL SEMINARS AND LECTURES. WITH MORE						
THAN 2,500 ANNUAL CONTACTS, THE CENTER FOCUSES ITS OUTREACH IN FOUR						
AREAS: HEALTHY AGING, MENTAL HEALTH, WOMEN'S HEALTH AND HEALTHIER						
NEEDS OF HOMELESS AND LOW-INCOME PERSONS						
EXPENSES \$ 190493. INCLUDING GRANTS OF \$ 0. REVENUE \$ 21056.						
FREE WRITE JAIL ARTS AND LITERACY PROGRAM AT NANCY B. JEFFERSON SCHOOL:						
THIS PROGRAM PROVIDES THE ONLY ONE-TO-ONE LITERACY TUTORING AVAILABLE						
FOR MORE THAN 480 YOUTH INCARCERATED IN THE COOK COUNTY JUVENILE						
DETENTION CENTER. NBJ HELPS THOSE STUDENTS FIND MEANINGFUL PATHWAYS						
TOWARD A TRANSFORMED SENSE OF IDENTITY THROUGH MEDIA ARTS AND LITERACY,						
PUBLISHING THEIR WORK IN A QUARTERLY NEWSLETTER AND AN ANNUAL ANTHOLOGY						
EXPENSES \$ 125292. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.						
LITERACY AND ARTS AT NEAR NORTH MAGNET CLUSTER SCHOOLS: THIS PROGRAM						
PROVIDES A FOUNDATION FOR EXCELLENT EDUCATION BY CREATING A MAGNET						
CLUSTER OF ELEMENTARY SCHOOLS IN THE NEAR NORTH CHICAGO AREA. THE NEAR						
NORTH CLUSTER INCLUDES THE FOLLOWING INITIATIVES- "ACCELERATED						
READING", "STAR ASSESSMENT", VARIOUS DANCE AND MUSIC PROGRAMS, AND A						
STRESS MANAGEMENT PROGRAM.						

#### SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

#### Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information. 2008
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Inspection

Name of the organization

CHICAGO LIGHTS

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INCLUDING GRANTS OF \$ 0. REVENUE \$ 10080. EXPENSES \$ 110562. SUMMER DAY PROGRAM: THIS PROGRAM PROVIDES EDUCATION TO CHILDREN OF LOW-INCOME FAMILIES DURING SUMMER MONTHS. A NOMINAL FEE IS CHARGED AND SPECIAL OFFERINGS, GRANTS AND ALLOCATIONS FUND THE PROGRAM. PROFESSIONAL TEACHERS, AND OTHER PAID STAFF AND VOLUNTEERS ARE USED FOR THIS PROGRAM. INCLUDING GRANTS OF \$ 0. REVENUE \$ 8894. EXPENSES \$ 81153. GENERAL PROGRAM: THIS PROGRAM IS USED TO ACCOUNT FOR ANY FINANCIAL RESOURCES WHICH MAY BE DISTRIBUTED TO OTHER PROGRAMS AT THE DISCRETION OF THE BOARD OF DIRECTORS. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. EXPENSES \$ 27526. FORM 990, PART VI, SECTION A, LINE 10: THE TREASURER, EXECUTIVE DIRECTOR, DIRECTOR OF BUSINESS ADMINISTRATION, AND CONTROLLER PERFORM A DETAILED REVIEW OF THE 990 PRIOR TO FILING. A FINAL DRAFT IS CIRCULATED TO EACH BOARD MEMBER FOR ANY FINAL REVISIONS PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 15: THE PERSONNEL COMMITTEE OF FOURTH CHURCH DETERMINES THE COMPENSATION OF THE EXECUTIVE DIRECTOR. A PERSONNEL CONSULTANT WAS HIRED IN 2007-2008 TO EVALUATE THE APPROPRIATENESS OF COMPENSATION OF ALL EMPLOYEES. THE CONSULTANT ISSUED RECOMMENDATIONS TO THE PERSONNEL COMMITTEE, BASED ON COMPARABILITY DATA AND MARKET RESEARCH, AND THOSE RECOMMENDATIONS WERE IMPLEMENTED DURING 2008.

#### **SCHEDULE O**

(Form 990)

Department of the Treasury Internal Revenue Service

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36-3786331 CHICAGO LIGHTS FORM 990, PART VI, SECTION C, LINE 19: CHICAGO LIGHTS MAKES ITS GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.