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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)

OMB No 1545-0047
2008

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

Open to Public Inspection

A	For t	he 2008 calendar year, or tax year beginning エルリ i みつきれ, 2008, and ending	JUNE	: 3 <i>u</i>	, 20 () 9
В	Check if	applicable Please C Name of organization AURURA EAST ENUCATIONS	FRANCH	D Emplo	yer identification number
$\overline{}$		use IRS s change label or Doing Business As	. 00 04,77	36	3855338
$\overline{}$		print or Number and street for B.O. hav if mail is not delivered to street address). Boom/suits	9	E Teleph	one number
		change type See Pi Box 1352	i	1/20	781-4548
	Initial re	Specific City or town state or country and ZIP + 4	<del></del>		701 10 0
Η.	Termina	ation Instruc- tions AURORA /L 60507	1	0 0	
$\sqcup$	Amend	ed retuin	<del></del> _	G Gross re	ecelpts \$
$\sqcup$	Applicat	on pending F Name and address of principal officer	H(a) Is this	a group retur	n for affiliates? Yes 🔀 No
		7 Helissa Shuim MER			included? Yes No
<u> </u>	Tax-ex	cempt status 💢 501(c) ( <b>3</b> ) ◀ (insert no ) 🗌 4947(a)(1) or 📗 527	If "No	," attach a	a list (see instructions)
J	Webs	ite: > WWW, 0131, URG	H(c) Group e	xemption nu	mber ►
K	Type of	organization ☐ Corporation ☐ Trust ☐ Association ☐ Other ▶ ☐ L Year of formation	2014	M State c	of legal domicile
Pa	irt I	Summary	•		
	_	Briefly describe the organization's mission or most significant activities			
	'	PRIVICE EVEICH MENT PROGRAMS & COLUCA	tica in		no Cturation
8	_ ′	Eve visit of Edolary 2000 Charles	LIUIVAI.	:2727	PUCIONITES
Governance		FUE STUDENT OF EAST AUZORA CLISTRICA	E <sup>24</sup> -1-31	·,,	
ē	ĺ	·			
, Š	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 2	25% of its as:	sets	
ن ۔ کە∴	3	Number of voting members of the governing body (Part VI, line 1a)	•	3_	7 - 1367 1300
S.	F	Number of independent voting members of the governing body (Part VI, line 1b)	~ 1	4	9
Activities &		Total number of employees (Part V, line 2a)	3	5	Ġ
, ç		Total number of volunteers (estimate if necessary)	- :	- 6	9
٩			Ę	7a	4
1		Total gross unrelated business revenue from Part VIII, line 12, column (C).			
		Net unrelated business taxable income from Form 990-T, line 34	. 1		0
	_	<del> </del>	Prior Yea	ar	Current Year
a	8	Contributions and grants (Part VIII, line 1h)	K&S`K		7.857
Ĕ	9	Program service revenue (Part VIII, line 2g)	-		-6
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7820		2974
œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	e revenue (Part VIII, line 2g)  ome (Part VIII, column (A), lines 3, 4, and 7d)  (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  add lines 8 through 11 (must equal Part VIII, column (A), line 12)	359	
		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11678	-	12220
			-4617	-	4
	l	Grants and similar amounts paid.(Part IX, column (A), lines 1–3) .	/2		<u> </u>
Ś	ı	Benefits paid to or for members (Part IX, column (A), line 4)			
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>		<u> </u>
ed.		Professional fundraising fees (Part IX, column (A), line 11e)	1946 AZ POPELOS LA LEMOTOR	podogramane "	entrantitus entranticus de la contraction de la
û		Total fundraising expenses (Fart IX, column (D), line 25)	ind a Thomas Land	1.15.65	The state of the s
	17	Other expenses (Part IX, column (A), lines 1 a 11d 11 24n V L	- 20		10
	18 .	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 2500	<i>5897</i>		8590
١.	19	Revenue less expenses. Subtract line 18 from 12 DEC 09 2010	5781		4430
ces.		1 5 5 6 7 7 20 10 10	Beginning of	í Yéar	End of Year
Assets d Baland	20	Total assets (Part X, line 16)	41119	7	415824 -
Ass		Total liabilities (Part X, line 26) OGDEN, U.T	A	•	4)
Net A Fund		Net assets or fund balances Subtract line 21 from line 20	Uilia	1 1	U15821
	rt II	Signature Block	<del>-711-17</del>	4	710021
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedule	e and stateme	nte and to	the best of my knowledge
		and belief, it is true-correct, and complete Declaration of preparer (other than officer) is based on all			
·.		l. Och a ii	- 1	,	
Sig		- Cugnin			
Hei	re	Signature of officer  Anciette M Johnson TREASURER	Date	11-30	
		HUNETE M JOHINSON THE TO UKER		11-30	1-10-
·		Type or print name and title			
		Preparer's Date Chec	١.		dentifying number
D		Self-	oyed ▶ 🔲 🤇	see instruct	ions),
Paid		l Singh	· -		
Prep	arer's	Firm's name (or yours			
Use	Only	ıf self-employed),	EIN	<b>&gt;</b>	<u> </u>
		address, and ZIP + 4	Phone no	· <b>&gt;</b> 1	) <u>,</u> ,
May	the '	IRS discuss this return with the preparer shown above? (see instructions)			Yes No

Form **990** (2008)

Pa	Statement of Program Service Accomplishments (see instructions)		,
1	Briefly describe the organization's mission	ומן ניין	
	TO PROVIDE FINANCIAL SUPPORT TO CLASSED ACTIVITIES FOR EAST AURORO DISTRICT 131	P. J. C	
			· <u>-</u>
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		Yes 1☐ No
	If "Yes," describe these new services on Schedule O		103
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
9	services?		Yes 🗗 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		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amou allocations to others, the total expenses, and revenue, if any, for each program service reported	י וט זווג	grants and
4a	(Code) (Expenses \$including grants of \$i) (Revenue \$i)		
		·	
•			
	·		
			*
4b	(Code), (Expenses \$	<b></b>	<u>',</u> ')
	·		
	······		
	***************************************		
	•		
			- <b></b>
	,		-
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$		)
		<b></b>	
	·	<b>-</b>	
_			
-	,		
	· ·	,	
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$ ) (Revenue \$ )		
4e	Total program service expenses ▶ \$		

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Form	990 (2008)		F	age 3
	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	i	`
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<u></u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		<i>س</i> ن
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		سِن
5	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	5		~
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		2
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		
, 9 ,	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		V
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25° If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11		<u>/</u>
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		/
14a : b	Did the organization maintain an office, employees, or agents outside of the U.S.?			<u> </u>
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b	-	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		<u></u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III  Did the organization report more than \$15,000 on Part IX column (A), line 11e? If "Yes," complete Schedule G, Part I	16 17		-
17 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		
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		/
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		
21	Did the organization report more than \$5,000 on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>'</u>
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete . Schedule J	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. If "No," go to question 25	24a		<u>/</u>
μ̈́	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 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 prior year? If "Yes," complete Schedule L, Part I	25b		

Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or

disqualified person outstanding as of the end of the organization's tax year? 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 contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

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## Part IV Checklist of Required Schedules (continued)

			V	N
		123/110/8-28	Yes 婚過店*	No Karang
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			Addition of
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 person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		i
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		<u>/</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule $M$	30		/
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
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		<i>`</i>
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		·V
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		رن _
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		V
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		V
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			,/

Form **990** (2008)

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Pal	Statements Regarding Other IRS Filings and Tax Compliance				
			ille viasur	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.	1a Ø			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 2	<b>一种人物型</b>	CAMP.	
С	Did the organization comply with backup withholding rules for reportable payments to vendor gaming (gambling) winnings to prize winners?	rs and reportable	1c	N	10
	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 If at least one is reported on line 2a, did the organization file all required federal employments.	2a NA	2b	1/	( <del> </del>
Ū	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> instructions)		x'		
3а	Did the organization have unrelated business gross income of \$1,000 or more during the this return?	year covered by .	3a	N	4
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule	e O .	3b	NI	M
4a	At any time during the calendar year, did the organization have an interest in, or a signature over, a financial account in a foreign country (such as a bank account, securities account, account)?		4a	Market Y	<u></u>
b	If "Yes," enter the name of the foreign country. ▶		2440		・連続的   で確認を
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report and Financial Accounts				
	Was the organization a party to a prohibited tax shelter transaction at any time during the		5a		م: م:
	Did any taxable party notify the organization that it was or is a party to a prohibited tax she		5b		
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Ta	x-Exempt Entity	5c		L
62	Regarding Prohibited Tax Shelter Transaction?	•	6a		
	Did the organization solicit any contributions that were not tax deductible?		-		حن ا
	If "Yes," did the organization include with every solicitation an express statement that such gifts were not tax deductible?	contributions or	6b	製造化	
7	Organizations that may receive deductible contributions under section 170(c).				All years
	Did the organization provide goods or services in exchange for any quid pro quo contribution \$75?		7a	de Birth	
	If "Yes," did the organization notify the donor of the value of the goods or services provide		7b		-
	Did the organization sell, exchange, or otherwise dispose of tangible personal property f required to file Form 8282?	or which it was	7c	4011998883 °	<i>i</i> ⁄
	If "Yes," indicate the number of Forms 8282 filed during the year				- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premium benefit contract?		7e	1	1/1
g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal befor all contributions of qualified intellectual property, did the organization file Form 8899 as	s required?	7f 7g	N	1/1
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Frequired?	Form 1098-C as	7h	N	<u> </u>
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised functions supporting organizations. Did the supporting organization, or a fund maintained organization, have excess business holdings at any time during the year?		8	N	14
	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds	s <b>.</b>			11
	Did the organization make any taxable distributions under section 4966?		9a	N	1/4
	Did the organization make a distribution to a donor, donor advisor, or related person?		9b	V Rither	14
	Section 501(c)(7) organizations. Enter	10a	Falinia and		
	Initiation fees and capital contributions included on Part VIII, line 12	10b	a way wall		ALMERICAN
	aross receipts, included on Form 350, Fart VIII, line 12, for public ase of olds receittes	.55	2.00	د میلاد د والید	ا او چه سود ۱۷ مهار در درو ۱۷ مهار درو
	Section 501(c)(12) organizations. Enter	11a	•		10 3
	aross morne non-members of shareholders		ات <u>آ</u>	, "E",	Stages
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	1 × 1 × 1		(4, ph 74,
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu		12a	<b>V</b> //	<u> </u>
		12b		Contraction of the Contraction o	

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

Seg	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	3 mg		, ,
	circumstances, processes, or changes in Schedule O. See instructions	5 1		j
1a	5 · · · · · · · · · · · · · · · · · · ·	]. ** »	1	
b	Enter the number of voting members that are independent  1b 9	Jan 1	لا بت. المائية المائية	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	THE SECOND		
_	any other officer, director, trustee, or key employee?	2		L
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?	<b>3</b> ⊥		V
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		V
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		i
6	Does the organization have members or stockholders?	6		2/
	Does the organization have members of stockholders, or other persons who may elect one or more members			
1 a		7a		V
<b>L</b>	of the governing body?  Are any designed of the governing body subject to energy by members, steel/holders, or other persons?	7b		1/
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	J. 37-1	1.5	ومسرو شع
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		extragal 1	5 '
	the year by the following:	8a	1	1-
	The governing body?	8b		_
_	Each committee with authority to act on behalf of the governing body?	9a		1-
9a	эр эн	9a		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations	1 1	_	
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			سر د
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		
Sec	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		L
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	سنا	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			1
·	describe in Schedule O how this is done	12c	/4	Ĥ
13	Does the organization have a written whistleblower policy?	13		
14	Does the organization have a written document retention and destruction policy?	14	1/1	1
15	Did the process for determining compensation of the following persons include a review and approval by		\$ A. S.	1.
. •	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision.	7628	* (1) . 2) (2)	Tra
а	The organization's CEO, Executive Director, or top management office al?	15a	1	IA
	Other officers or key employees of the organization?	15b	1	is.
U	Describe the process in Schedule O (see instructions)			P (Vin
160	·	1 (1) A (1)	Y Chi	د جدد وا العربية
ıoa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a	الماشية	سند بو . سسا
	with a taxable entity during the year?	V . TOPPE F . 1937	<b>海</b> 夏万	Since
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	A processes		
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		In
200	tion C. Disclosure	IOD	ZU	14
17	List the states with which a copy of this Form 990 is required to be filed ▶ \(\text{\text{LLINOIS}}\)			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(or 1024 if applicable)), 990, 990-T (501(or 1024 if applicable)), 990-T (501(or 1024 if applicable)), 990-T (501(or 1024 if applicable)), 99	)(3)s o	nly)	
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website  Another's website  Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inter	est	
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds of	the	
	organization > ANNEHE JUNNSUN 417 FIFTH ST AURURA IL GOSOS	- 62	2. 7	81-0

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

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

- 1a Complete this table for all persons required to be listed. 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 co	ompensate	any o	offic	er,	dıre	ctor,	trus	tee, or key en	nployee	
(A)	(B)			(6	C)			(D)	(E)	(F)
Name and Title	Average	Posit	ion (i	chec	k all	that ap	ply)	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
THELASA SHOEMAKER SUITE 125 YUN CALUMCT AVE FUKURA IL GASCIO PRESCAN	Ö			L	_			0	6	0
GO CATUMET AVE	+			1						
									-	
LISA MORALES 417 FIFTH AVE FURURT IC 60505	1	,		سا	_			0	0	0
SECILETALY			-				-	-		
ANNEHE JOHNSON 1050 NORTHFIELD PERULA IL GOSOS TROASURER	/			1				0	0	0
FURULA IL 60505										
- JACA SUREA										
		ĺ								

La	Section A. Officers, Directors, Iru	istees, Key	/ Emp	oloy	ees,	, an	a Hig	nes	t Compensate	Employee	s (continuea)
	(A)	(B)				C)			(D)	(E)	(F)
	Name and title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	Rey employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportabl compensati from relate organizatio (W-2/1099-M	ed amount of other compensation
											_
			_								-
		-									
<u>1b</u>	Total							<b>&gt;</b>		<u> </u>	$\Theta$
2 —	Total number of individuals (including those organization ▶	e in 1a) wh	o rec	eıve 	ed m	nore	than	1 \$10 	00,000 in repo	rtable comp	Yes No
3	Did the organization list any <b>former</b> office employee on line 1a? If "Yes," complete So							oyee	e, or highest co	ompensated	Carrier Scholing Carrier
4	For any individual listed on line 1a, is the s the organization and related organizations ( individual										
5	Did any person listed on line 1a receive services rendered to the organization? If ")	or accrue	comp lete S	ens Sche	atio edul	n fi 'e J	rom a	any uch	unrelated orga	anization fo	r 5
Sec	etion B. Independent Contractors		.0.0	, , , ,					<u> </u>	•	
1	Complete this table for your five highest co- compensation from the organization	mpensated	d inde	eper	nder	nt c	ontra	ctor	s that received	I more than	\$100,000 of
	<b>(A)</b> Name and business addi	ress							(B) Description of se	rvices	(C) Compensation
	NUNE										
2	Total number of independent contractors (compensation from the organization ►	including th	nose		) wl	ho r	eceiv	ed r	more than \$10	0,000 in	

	- V/I	Ctata and a f Da				<u> </u>		T		I	
Par	<u>LEVII</u>	, , ,	evenue	***	(A)	(B)			(C)		(D)
, apple			The state of	11 7 7	Total revenue	Related of		Ur	nrelated		Revenue
	, i			*		exempt function			usiness		ded from tax ler sections
41	一一一	P 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· 編 海	· who is		revenue		re	evenue		513, or 514
grants	1a	Federated campaigns	1a	<del></del>	15 20 10 10 10 10 10 10 10 10 10 10 10 10 10	, , , , , , , , , , , , , , , , , , ,	· 4146			1	
gra	b	Membership dues	1b		the H		1800	38			
s, a	C	Fundraising events	1c	10246		Mar Carried	" r	Marie Control	Cardinal Carlo	Part of the Control o	
ons, gifts, grants similar amounts	d	Related organizations	1d		alle Att.		<sup>१</sup> पढु शा शामारक			Standard .	TOWN THE PERSON NAMED IN
š, E	e	Government grants (contr	ibutions) 1e		A SHIP TO SHIP	· har There's	:1600 :1600		學學學學		
tion s	l f	All other contributions, gifts,			9 m.	-l	ان) مورد مرود	ha Lal	yr 259	15.11.1	
tribution	l .	and similar amounts not inclu		10246	Marie Marie		ā ∰ <sup>3</sup> ₹±	5	136 A	*-	
Contributions, and other simi	a	Noncash contributions include		15		A State	- 1/2			1	
Cont	h	<b>Total.</b> Add lines 1a–1f	04 W	•		- m-	ž		W 1	100	
	<u> </u>			Business Code	in The	1	- 44 ha	10	5	39.24	75.4
ž					"		Buddawy	. Machinini	E. IERG. LIBERTO.		A.T. La Hillian
eve	2a					-				<del> </del>	
ě.	b										
ڲٙ	С							<u> </u>			
Š	d		• • • • • • • • • • • • • • • • • • • •								
ran	e	All other program cons		-					<del></del>	ļ <u>.</u>	
Program Service Revenue	' '	All other program servi	ce revenue .	L		* * ;	- Çi		Suga.	.,7	الم المالية الم
<u>n.</u>	g	· · · · · · · · · · · · · · · · · · ·		<u></u>			TV.		,, ,	1,8	Had had
	3	Investment income (inc	luding dividend	s, interest, and	2974	•					1
		other similar amounts)		<b>&gt;</b>	0-11	-					
	4	Income from investment of	of tax-exempt bon	d proceeds 🕨	0-				<del></del>	ļ	
	5	Royalties		,, <u> </u>	6					, ,	
			(i) Real	(ii) Personal		•			7 19	1	
	6a	Gross Rents	0	(5						1000	
	b	Less rental expenses	1	2		*		-	, j	1.4	
	С	, ,	6	<u></u>						ļ	<u> </u>
	d	Net rental income or (lo	oss)	<b>&gt;</b>	9						
	7a	Gross amount from sales of	(i) Securities	(II) Other					· ·	, 5	
		assets other than inventory	سخا	ar					,, 1,	\#	1972 1987 1987
	ь	Less cost or other basis	4	0)					ب ما يوان		THE THE PARTY
	~	and sales expenses				*		•	13. 12. 12. 12. 13. 13. 13. 13. 13. 13. 13. 13. 13. 13	SAN,	*
	c	Gain or (loss)	12	40					1		4 3 (
	ď	Net gain or (loss)		<b>&gt;</b>							
Ð	00		fundraising							264.	(F)
enn	Oa	Gross income from events (not including \$		1/1/24/1	*	* * *	No.	* tr	i alleini	r 172	
>		of contributions reported		10076		1		ŕ.	The San	<u>ф</u> .	
Ř		See Part IV, line 18	a a a		. '		٠,	N/A	, 1874 - S. S.	# £	
Other Re	b	Less direct expenses	b	~	D		w.		.4	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Talkania yang
ō		Net income or (loss) fro	om fundraising e	vents <b>&gt;</b>	10246		*		<del></del>		en
	92	Gross income from gam	una activitue	2.					•	-	
	Ja	See Part IV, line 19	a activities	0		İ					100
	ь	Less direct expenses	b	ar .				1 1	<b>5</b>	79	14
		Net income or (loss) fro		ities -	or						
		Gross sales of inve	•	_					;		7 -47
	104	returns and allowances	•	$\Theta$							
	h	Less cost of goods so	=-	8	-				İ		
,		Net income or (loss) from		ory ►	0						
		Miscellaneous Reve		Business Code	-						- 1
	11a	<del></del>		<i>Q</i>							
	b			8			1				
		••••		2.		<del>                                     </del>					
	C	All other revenue		2							
		All other revenue	4 1		- BY	186 · - 488 · · 20	, -3 <b>33</b> 33-62	gggggdoman	Maria Alia	Q-1485-1002-1-100	and the constant
		Total. Add lines 11a-11				# / ANGLE	2 6	klaturi ngg	Service car, Additional	ATRM.	
	12	Total Revenue. Add lin 9c, 10c, and 11e	nes 1n, 2g, 3, 4,	5, 6d, 7d, 8c,	13220						
		55, 100, and 115		-		1			,		

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete column.

	All other organizations must complete co	lumn (A) but are r	not required to com	ipiete columns (B),	(C), and (D).
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	8580	8580		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22		_		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16			The second second second	Editor and the Control of the Contro
4	Benefits paid to or for members			r. she is the state of the	
5	Compensation of current officers, directors, trustees, and key employees		1		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				1
7	Other salaries and wages .				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits				
10	Payroll taxes		- · · · · · · · · · · · · · · · · · · ·		
11	Fees for services (non-employees)				
	Management	10		10	
	Legal	7.0	<u> </u>	70	
	Accounting				
	Lobbying Professional fundamental acquires Con Part IV Inc. 17				
	Professional fundraising services See Part IV, line 17				
	Investment management fees Other				
-					
	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel .				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				<del></del>
22	Depreciation, depletion, and amortization.				
23	Insurance				·
24	Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)		,		
а	·				·
b					
c				_	
d					
e		<del></del>			
	All other expenses				
25	Total functional expenses. Add lines 1 through 24f			10	
26	Joint Costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	8590	858U	10	

	nt X	Balance Sheet			
ЦĊ		Balance Sheet	(A)		(B)
			Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	1,1208	1	93463
	2	Savings and temporary cash investments	6	2	<u> </u>
	3	Pledges and grants receivable, net	e	3	0
	4	Accounts receivable, net	Ġ	4	<i>O</i>
	5	Receivables from current and former officers, directors, trustees, key	6	5	0
	6	employees, or other related parties. Complete Part II of Schedule L. Receivables from other disqualified persons (as defined under section	AND THE PROPERTY OF THE PARTY O	400	
	Ü	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L	4. "TSH88	6	
sts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use .		8	
Ä	9	Prepaid expenses and deferred charges	LIWYS L. TIL	9	777 1
	10a	Land, buildings, and equipment cost basis 10a			
	b		A STATE OF THE STA	10c	
	11	Investments—publicly traded securities	349911	11	322357.40
	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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	411191	16	415821
	17	Accounts payable and accrued expenses	$\Theta$	17	<i>\tag{\text{\tint{\text{\tin}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tex{\tex</i>
Ì	18	Grants payable	2	18	-3
•	19	Deferred revenue	O	19	er
	20	Tax-exempt bond liabilities	0	20	er
Se	21	Escrow account liability Complete Part IV of Schedule D	0.	21	e
Labilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
ر ا		persons Complete Part II of Schedule L	6	22	(C)
	23	Secured mortgages and notes payable to unrelated third parties	<u>-</u>	23	G _
	24	Unsecured notes and loans payable	0	24	0
	25	Other liabilities Complete Part X of Schedule D	e	25	. 6
	26	Total liabilities. Add lines 17 through 25	6	26	0
nces		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.		No. 17	
<u>a</u>	27	Unrestricted net assets	6	27	a-
8 B	28	Temporarily restricted net assets	6	28	
밀	29	Permanently restricted net assets	6	29	<u>a</u>
or Fund Bala		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.		1000	Me and the second secon
ts	30	Capital stock or trust principal, or current funds	6	30	S.
Se	31	Paid-in or capital surplus, or land, building, or equipment fund	<i>b</i>	31	G
ا تخ	32	Retained earnings, endowment, accumulated income, or other funds	$\Theta$	32	Ø
Net Assets	33	Total net assets or fund balances	6	33	0
	34	Total liabilities and net assets/fund balances	e	34	6
Pai	rt XI	Financial Statements and Reporting			
1	Acco	ounting method used to prepare the Form 990 Cash Accru	al 🗌 Other		Yes No
		e the organization's financial statements compiled or reviewed by an ir		t?	2a V
b		e the organization's financial statements audited by an independent ac	•		2b i/
		es" to lines 2a or 2b, does the organization have a committee that assume		siaht d	
-		audit, review, or compilation of its financial statements and selection of an			2c /
За	As a	result of a federal award, was the organization required to undergo ar Single Audit Act and OMB Circular A-133?			ın ,
b		es," did the organization undergo the required audit or audits?		•	3a 3b 3
_		,			