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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form 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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form. **The organization may have to use a copy of this return to satisfy state reporting requirements.**

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 **and ending** JUN 30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization		D Employer identification number
		WORKING IN THE SCHOOLS, INC.		36-3891846
		Number and street (or P O box, if mail is not delivered to street address)	Room/suite	E Telephone number
		27 EAST MONROE	1400	312-269-4514
		City or town, state or country, and ZIP + 4		F Group Exemption Number
		CHICAGO, IL 60603		

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method Cash Accrual
Other (specify) ▶

I Website: ▶ WWW.WITSONTHEWEB.ORG

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

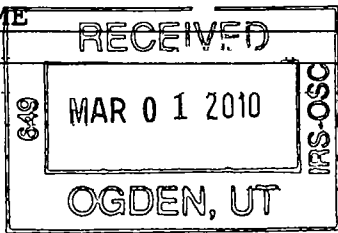
J Organization type (check only one) — 501(c) (3) ◀ (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 909,307.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	701,982.
	2	Program service revenue including government fees and contracts	2	64,000.
	3	Membership dues and assessments	3	
	4	Investment income	4	10,855.
	5a	Gross amount from sale of assets other than inventory	5a	20,016.
	5b	Less cost or other basis and sales expenses	5b	21,332.
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	-1,316.
	6	Special events and activities (complete applicable parts of Schedule G) if any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ 136,493. of contributions reported on line 1)	6a	110,454.
6b	Less direct expenses other than fundraising expenses	6b	143,924.	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	-33,470.	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ MISCELLANEOUS INCOME RECEIVED)	8	2,000.	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	744,051.	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	526,590.
	13	Professional fees and other payments to independent contractors	13	32,774.
	14	Occupancy, rent, utilities, and maintenance	14	92,712.
	15	Printing, publications, postage, and shipping	15	21,452.
	16	Other expenses (describe ▶ SEE STATEMENT 1)	16	188,346.
17	Total expenses. Add lines 10 through 16	17	861,874.	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-117,823.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	660,975.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 6	20	-27,689.
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	515,463.



Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	515,442.	411,853.
23	Land and buildings		
24	Other assets (describe ▶ SEE STATEMENT 2)	199,596.	169,201.
25	Total assets	715,038.	581,054.
26	Total liabilities (describe ▶ SEE STATEMENT 3)	54,063.	65,591.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	660,975.	515,463.

832171 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Form 990-EZ (2008)

SCANNED MAR 19 2010

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Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
35a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	0.	
37b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved	N/A	
39a	Section 501(c)(7) organizations Enter initiation fees and capital contributions included on line 9	N/A	
39b	Gross receipts, included on line 9, for public use of club facilities	N/A	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911	0.	
	section 4912	0.	
	section 4955	0.	
40b	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		X
40c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0.	
40d	Enter amount of tax on line 40c reimbursed by the organization	0.	
40e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed	IL	
42a	The books are in care of	JENNE MYERS Telephone no 312-269-4514	
	Located at	27 EAST MONROE, SUITE 1400, CHICAGO, IL ZIP + 4 60603	
42b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
42c	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.		
42c	At any time during the calendar year, did the organization maintain an office outside of the U S ?		X
	If "Yes," enter the name of the foreign country		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year		<input type="checkbox"/>
43		43	N/A
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51

- | | Yes | No |
|---|-----|----|
| 46 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 | | X |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | | X |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | X |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | | X |
| 49b If "Yes," was the related organization(s) a section 527 organization? | | |
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000 ▶				

- 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over \$100,000 ▶		

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

Signature of officer: *[Signature]* Date: 2-19-10

Type or print name and title: *ROSEAN S. SANDERSON* CHAIRMAN

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: 2-3-10

Check if self-employed:

Preparer's Identifying Number (See instr): P00085441

Firm's name (or yours if self-employed), address, and ZIP + 4: DUGAN & LOPATKA, CPA'S PC
104 E. ROOSEVELT ROAD SUITE 102
WHEATON, ILLINOIS 60187-5267

EIN: 36-2886485

Phone no: 630-665-4440

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	764,946.	711,261.	924,195.	982,355.	701,982.	4,084,739.
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	764,946.	711,261.	924,195.	982,355.	701,982.	4,084,739.
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)						394,257.
6 Public Support. Subtract line 5 from line 4						3,690,482.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	764,946.	711,261.	924,195.	982,355.	701,982.	4,084,739.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,044.	2,195.	2,575.	10,745.	10,855.	27,414.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	1,995.		375.		2,000.	4,370.
11 Total support. Add lines 7 through 10						4,116,523.
12 Gross receipts from related activities, etc. (see instructions)					12	1,210,592.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	89.65	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	90.34	%
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 <input checked="" type="checkbox"/>			
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 <input type="checkbox"/>			
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 <input type="checkbox"/>			
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 <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part 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	(b) Event #2	(c) Other Events	(d) Total Events	
		JUNIOR BOARD EVENT (event type)	SPRING EVENT (event type)	1 (total number)	(Add col. (a) through col. (c))	
Revenue	1	Gross receipts	112,149.	75,727.	41,050.	228,926.
	2	Less: Charitable contributions	51,281.	49,195.	24,567.	125,043.
	3	Gross revenue (line 1 minus line 2)	60,868.	26,532.	16,483.	103,883.
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs				
	7	Other direct expenses	68,521.	44,524.	18,505.	131,550.
	8	Direct expense summary. Add lines 4 through 7 in column (d)				(131,550.)
	9	Net income summary. Combine lines 3 and 8 in column (d)				-27,667.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col. (c))	
		1	Gross revenue			
Direct Expenses	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				()
	8	Net gaming income summary. Combine lines 1 and 7 in column (d)				

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states?
 b If "No," Explain:

 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?
 b If "Yes," Explain:

 11 Does the organization operate gaming activities with nonmembers?
 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in.

13a	%
13b	%

Yes	No
-----	----

- a The organization's facility
- b An outside facility

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____
 Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a

- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address:

Name ▶ _____
 Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

17a

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
TRANSPORTATION		89,647.	
INSURANCE		9,579.	
BANK CHARGES		3,060.	
MISCELLANEOUS		659.	
DUES AND SUBSCRIPTIONS		1,564.	
JUNIOR BOARD EXPENSES		4,241.	
TRAINING & APPRECIATION		4,985.	
SUPPLIES		21,025.	
TRAVEL		15,974.	
PROFESSIONAL DEVELOPMENT		3,286.	
MARKETING AND PUBLIC RELATIONS		4,793.	
MOVING EXPENSES		16,488.	
BAD DEBT EXPENSE		7,000.	
DEPRECIATION		6,045.	
TOTAL TO FORM 990-EZ, LINE 16		188,346.	

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
OTHER RECEIVABLE	120.	3,506.	
SECURITY DEPOSITS	3,100.	9,085.	
PLEDGES RECEIVABLE	99,088.	36,730.	
GRANTS RECEIVABLE	66,960.	72,000.	
PREPAID EXPENSES AND DEFERRED CHARGES	24,184.	5,473.	
OTHER DEPRECIABLE ASSETS	6,144.	42,407.	
TOTAL TO FORM 990-EZ, LINE 24	199,596.	169,201.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	20,613.	28,168.	
DEFERRED REVENUE	33,450.	0.	
DEFERRED RENT	0.	37,423.	
TOTAL TO FORM 990-EZ, LINE 26	54,063.	65,591.	

FORM 990-EZ		GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES			STATEMENT	4
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)		
VARIOUS SECURITIES	20,016.	20,432.	0.	-416.		
TO FORM 990-EZ, LINE 5	20,016.	20,432.	0.	-416.		

FORM 990-EZ GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 5

DESCRIPTION		DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
FURNITURE		VARIOUS	VARIOUS	PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	2,000.	0.	1,100.	-900.
TO FORM 990-EZ, LINE 5		2,000.	0.	1,100.	-900.

FORM 990-EZ OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 6

DESCRIPTION	AMOUNT
UNREALIZED LOSS	-27,689.
TOTAL TO FORM 990-EZ, LINE 20	-27,689.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 7

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

7

FORM 990-EZ

PART IV - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 8

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JENNE MYERS, 27 EAST MONROE, SUITE 1400, CHICAGO, IL 60603	EXECUTIVE DIRECTOR 50.00	94,740.	6,869.	0.
TANNENBAUM, CARL, 27 EAST MONROE, SUITE 1400, CHICAGO, IL 60603	PRESIDENT 3.00	0.	0.	
GOLDHABER, CAROLYN, 27 EAST MONROE, SUITE 1400, CHICAGO, IL 60603	TREASURER 2.00	0.	0.	
HUEBEL, MARILYN, 27 EAST MONROE, SUITE 1400, CHICAGO, IL 60603	SECRETARY 2.00	0.	0.	
BABST, DAVID, 27 EAST MONROE, SUITE 1400, CHICAGO, IL 60603	DIRECTOR 0.50	0.	0.	
BROWN, DOROTHY, 27 EAST MONROE, SUITE 1400, CHICAGO, IL 60603	DIRECTOR 0.50	0.	0.	
BUCHNER, TODD, 27 EAST MONROE, SUITE 1400, CHICAGO, IL 60603	DIRECTOR 2.00	0.	0.	
CARLSON, GINNY, 27 EAST MONROE, SUITE 1400, CHICAGO, IL 60603	DIRECTOR 2.00	0.	0.	
CARLSON, ROGER, 27 EAST MONROE, SUITE 1400, CHICAGO, IL 60603	DIRECTOR 2.00	0.	0.	
COLE, JEREMY, 27 EAST MONROE, SUITE 1400, CHICAGO, IL 60603	DIRECTOR 0.50	0.	0.	
FLORES, FEDERICO JR., 27 EAST MONROE, SUITE 1400, CHICAGO, IL	DIRECTOR 2.00	0.	0.	
GARARD, JAMIE, 27 EAST MONROE, SUITE 1400, CHICAGO, IL 60603	DIRECTOR 0.50	0.	0.	
HILDEBRANDT, PHILIP, 27 EAST MONROE, SUITE 1400, CHICAGO, IL 60603	DIRECTOR 2.00	0.	0.	
JACOBS-BAAR, JILL, 27 EAST MONROE, SUITE 1400, CHICAGO, IL 60603	DIRECTOR 2.00	0.	0.	

WORKING IN THE SCHOOLS, INC.

36-3891846

LEVINSON, ELAINE, 27 EAST MONROE, SUITE 1400, CHICAGO, IL 60603	DIRECTOR 0.50	0.	0.	
LIFTON, BUD, 27 EAST MONROE, SUITE 1400, CHICAGO, IL 60603	DIRECTOR 2.00	0.	0.	
LILLISTON, JULIE, 27 EAST MONROE, SUITE 1400, CHICAGO, IL 60603	DIRECTOR 2.00	0.	0.	
LISS, LAURA SHROYER, 27 EAST MONROE, SUITE 1400, CHICAGO, IL 60603	DIRECTOR 2.00	0.	0.	
MIKULINA, JENNIFER, 27 EAST MONROE, SUITE 1400, CHICAGO, IL 60603	DIRECTOR 0.50	0.	0.	
O'CONNOR, ELLEN, 27 EAST MONROE, SUITE 1400, CHICAGO, IL 60603	DIRECTOR 0.50	0.	0.	
PAMINTUAN, RUDY, 27 EAST MONROE, SUITE 1400, CHICAGO, IL 60603	DIRECTOR 0.50	0.	0.	
RICE, JUDY, 27 EAST MONROE, SUITE 1400, CHICAGO, IL 60603	DIRECTOR 0.50	0.	0.	
RICHARDSON, AMELIA, 27 EAST MONROE, SUITE 1400, CHICAGO, IL 60603	DIRECTOR 0.50	0.	0.	
SONENTHAL, RON, 27 EAST MONROE, SUITE 1400, CHICAGO, IL 60603	CHAIR 2.00	0.	0.	
SPENDER, MARK, 27 EAST MONROE, SUITE 1400, CHICAGO, IL 60603	DIRECTOR 0.50	0.	0.	
STONE, MARION, 27 EAST MONROE, SUITE 1400, CHICAGO, IL 60603	CO-FOUNDER 2.00	0.	0.	
SUPERA, ROZ, 27 EAST MONROE, SUITE 1400, CHICAGO, IL 60603	DIRECTOR 0.50	0.	0.	
SWEENEY, EILEEN, 27 EAST MONROE, SUITE 1400, CHICAGO, IL 60603	DIRECTOR 0.50	0.	0.	
THICK, JULIE, 27 EAST MONROE, SUITE 1400, CHICAGO, IL 60603	DIRECTOR 0.50	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		<u>94,740.</u>	<u>6,869.</u>	<u>0.</u>

TO SUPPORT THE EDUCATION AND DEVELOPMENT OF CHILDREN IN THE CHICAGO PUBLIC SCHOOLS THROUGH VOLUNTEER TUTORING AND MENTORING PROGRAMS INVOLVING COMMUNITY MEMBERS, AREA BUSINESSES AND LOCAL HIGH SCHOOL STUDENTS.

FORM 990-EZ	OTHER PROGRAM SERVICES	STATEMENT 10	
DESCRIPTION	GRANTS	EXPENSES	
"SATURDAY PROGRAM" PROVIDES TWO-HOUR SESSIONS BASED ON A ONE-ON-ONE CURRICULUM OF READING AND PHONICS.	0.	45,745.	
"EARLY CHILDHOOD PROGRAM" BUSES VOLUNTEERS FOR ONE-ON-ONE READING SESSIONS WITH PRESCHOOL STUDENTS.	0.	91,956.	
TOTAL TO FORM 990-EZ, LINE 31		137,701.	

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 8069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization WORKING IN THE SCHOOLS, INC.	Employer identification number 36-3891846
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. if a P.O. box, see instructions. 27 EAST MONROE, NO. 1400	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICAGO, IL 60603	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

INTERNAL REVENUE SERVICE
RECEIVED
NOV 16 2009
DOWNERS GROVE, IL

JENNE MYERS

- The books are in the care of ▶ **27 EAST MONROE, SUITE 1400 - CHICAGO, IL 60603**
Telephone No. ▶ **312-269-4514** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year _____ or
▶ tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Change of Address

▶ Please type or print.

▶ See instructions on back. ▶ Do not attach this form to your return.

Part I Complete This Part To Change Your Home Mailing Address

Check all boxes this change affects.

- 1 Individual income tax returns (Forms 1040, 1040A, 1040EZ, 1040NR, etc)
 ▶ If your last return was a joint return and you are now establishing a residence separate from the spouse with whom you filed that return, check here
- 2 Gift, estate, or generation-skipping transfer tax returns (Forms 706, 709, etc)
 ▶ For Forms 706 and 706-NA, enter the decedent's name and social security number below
- ▶ Decedent's name _____ ▶ Social security number _____

3a Your name (first name, initial, and last name)	3b Your social security number
4a Spouse's name (first name, initial, and last name)	4b Spouse's social security number
5 Prior name(s). See instructions	

6a Old address (no. street, city or town, state, and ZIP code) If a P O box or foreign address, see instructions	Apt no
6b Spouse's old address, if different from line 6a (no. street, city or town, state, and ZIP code) If a P O box or foreign address, see instructions	Apt no
7 New address (no. street, city or town, state, and ZIP code) If a P O box or foreign address, see instructions	Apt no

Part II Complete This Part To Change Your Business Mailing Address or Business Location

Check all boxes this change affects:

- 8 Employment, excise, income, and other business returns (Forms 720, 940, 940-EZ, 941, 990, 1041, 1065, 1120, etc)
- 9 Employee plan returns (Forms 5500, 5500-EZ, etc)
- 10 Business location

11a Business name Working In The Schools	11b Employer identification number 36 3891846
12 Old mailing address (no. street, city or town, state, and ZIP code) If a P O box or foreign address, see instructions 200 W Adams St, Ste 1205	Room or suite no 1205
13 New mailing address (no. street, city or town, state, and ZIP code) If a P O box or foreign address, see instructions 27 E Monroe St, Ste 1400	Room or suite no 1400
14 New business location (no. street, city or town, state, and ZIP code) If a foreign address, see instructions Chicago, IL 60603	Room or suite no

Part III Signature

Daytime telephone number of person to contact (optional) ▶ () _____

Sign Here	Jessie Myers 2/8/10 Your signature Date	If Part II completed, signature of owner, officer, or representative Date
	_____ If joint return, spouse's signature Date	