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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 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 07-01-2008 , and ending 06-30-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
NAPERVILLE SUNRISE FOUNDATION

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 890

City or town, state or country, and ZIP + 4
NAPERVILLE, IL 60566

D Employer identification number
90-0135828

E Telephone number
(630) 983-8676

F Group Exemption Number ▶

*** *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 NAPERVILLESUNRISE COM

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

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

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 ▶ $ 153,536

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	35,936
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming,** check here ▶ ☐			
	a	Gross revenue (not including $ 30,000 of contributions reported on line 1)	6a	116,857	
	b	Less direct expenses other than fundraising expenses	6b	74,305	
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	42,552
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ▶)		8	743
	9	**Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ▶		9	79,231
Expenses	10	Grants and similar amounts paid (attach schedule)		10	35,300
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	3,617
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe ▶)		16	47,685
	17	**Total expenses** (add lines 10 through 16) ▶		17	86,602
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-7,371
	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	50,854
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year (combine lines 18 through 20) ▶		21	43,483

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

(See the instructions for Part II)		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	166,179	22	181,019
23	Land and buildings		23	
24	Other assets (describe ▶)		24	
25	**Total assets**	166,179	25	181,019
26	**Total liabilities** (describe ▶)	115,325	26	137,536
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	50,854	27	43,483

Part III Statement of Program Service Accomplishments (See the instructions for Part III)

What is the organization's primary exempt purpose?
TO CONTRIBUTE TO CHARITABLE ORGANIZATIONS THROUGHOUT NAPERVILLE AND INTERNATIONALLY GRANT SCHOLARSHIPS TO LOCAL STUDENTS AND SUPPORT AN INTERNATIONAL EXCHANGE PROGRAM

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

28 THE ORGANIZATION PROVIDES FINANCIAL SUPPORT TO VARIOUS CHARITABLE ORGANIZATIONS IN THE NAPERVILLE AREA AND IN THE INTERNATIONAL COMMUNITY (Grants $ 35,300) If this amount includes foreign grants, check here ☑	**28a**	51,714
29 THE ORGANIZATION PROVIDES CHRISTMAS GIFTS TO THE NEEDY (Grants $ 0) If this amount includes foreign grants, check here ☐	**29a**	3,907
30 THE ORGANIZATION GRANTS SCHOLARSHIPS TO OUTSTANDING HIGH SCHOOL STUDENTS IN THE ARTS SCHOLARSHIPS ARE ADMINISTERED BY NAPERVILLE HIGH SCHOOLS (Grants $ 18,775) If this amount includes foreign grants, check here ☐	**30a**	18,775
31 Other program services (attach schedule) (Grants $) If this amount includes foreign grants, check here ☐	**31a**	
32 Total program service expenses (add lines 28a through 31a)	**32**	74,396

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	**(b)** Title and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-.)**	**(d)** Contributions to employee benefit plans & deferred compensation	**(e)** Expense account and other allowances
See Additional Data Table				

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	33		No
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	34		No
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*			
a	Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? *If "Yes," complete applicable parts of Schedule N*	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		
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?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	*501(c)(7) organizations.* Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
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			
b	*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.*	40b		No
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	Enter amount of tax on line 40c reimbursed by the organization ▶ 0			
e	*All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	40e		No

41 List the states with which a copy of this return is filed ▶ IL

42a The books are in care of ▶ CATHERINE GOULET Telephone no ▶ (630) 375-7701

Located at ▶ PO BOX 890 NAPERVILLE, IL ZIP + 4 ▶ 60566

			Yes	No
b	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)?	42b		No
	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.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		No
	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 ▶ 43

			Yes	No
44	Did the organization maintain any donor advised funds? *If "Yes", Form 990 must be completed instead of Form 990-EZ.*	44		No
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.*	45		No

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		No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
b	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 received more than $100,000 of compensation from the organization If there are 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 are 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 receiving over $100,000 ▶		

Please 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 — 2010-05-12 — Date

catherine goulet TREASURER — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ HUGH J AHERN CPA	Date 2010-05-12	Check if self-empolyed ▶ ☐	Preparer's PTIN (See Gen Inst X)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ DESMOND & AHERN LTD 10827 S WESTERN AVENUE CHICAGO, IL 606433206			EIN ▶ Phone no ▶ (773) 779-4720

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

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SCHEDULE A (Form 990 or 990EZ)

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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
NAPERVILLE SUNRISE FOUNDATION

Employer identification number
90-0135828

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**

2 ☐ A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☑ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(See Instructions)**)	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of support?
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in IRC 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.)

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 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 line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						

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						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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)						
11 **Total Support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

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

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f **15**

16a **33 1/3% 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% Test - 2007.** If the organization did not check the 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 ▶

18 **Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶

Part III Support Schedule for Organizations Described in IRC 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 ")	60,090	52,252	80,902	7,437	35,936	236,617
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	117,213	60,823	55,335	138,522	116,857	488,750
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	177,303	113,075	136,237	145,959	152,793	725,367
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	10,000	25,000	10,000	5,000	30,000	80,000
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 Total of lines 7a and 7b	10,000	25,000	10,000	5,000	30,000	80,000
8 **Public Support** (Substract line 7c from line 6)						645,367

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	177,303	113,075	136,237	145,959	152,793	725,367
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,113	3,354	4,273	2,802	743	13,285
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b	2,113	3,354	4,273	2,802	743	13,285
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)						738,652

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

Computation of Public Support Percentage

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	87 370 %
16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16	79 320 %

Computation of Investment Income Percentage

17 Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17	1 800 %
18 Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18	1 470 %

19a **33 1/3% 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% 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 IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ **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

Name of the organization
NAPERVILLE SUNRISE FOUNDATION

Employer identification number
90-0135828

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions?		**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
		Yes	**No**			
Total			▶			

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

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 NAPERPALOOZA (event type)	(b) Event #2 SPRING FUNDRAISER (event type)	(c) Other Events 1 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	115,173	12,650	15,554	143,377
	2 Less Charitable contributions	30,000			30,000
	3 Gross revenue (line 1 minus line 2)	85,173	12,650	15,554	113,377
Direct Expenses	4 Cash Prizes				
	5 Non-cash Prizes				
	6 Rent/Facility costs	13,968	2,640		16,608
	7 Other direct expenses	47,583	6,298	1,701	55,582
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				72,190
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				41,187

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))
Revenue	1 Gross revenue			4,230	4,230
Direct Expenses	2 Cash prizes			2,115	2,115
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☑ Yes 100 000 % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				2,115
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				2,115

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities IL			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		No
b	If "No," Explain STATE OF ILLINOIS DOES NOT REQUIRE A LICENSE FOR RAFFLES LICENSE AT LOCAL LEVEL			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		No
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11	Yes	
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?	12		No

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility **13a**		
b	An outside facility . . . . . **13b** 100 000 %		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ▶ cathrine goulet		
	Address ▶ PO BOX 890 NAPERVILLE,IL 60566		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**		No
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 ▶ catherine goulet		
	Gaming manager compensation ▶ $ _____		
	Description of services provided ▶ present at event records sale of split the pot raffle tickets and payment TO WINNER		
	☑ 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? **17a**		No
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 ▶ $		

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TY 2008 Grants and Similar Amounts Paid Schedule

Name: NAPERVILLE SUNRISE FOUNDATION

EIN: 90-0135828

Item No.	1
Class of Activity	EDUCATION
Donee's Name	WAUBONSIE VALLEY HS BANK BOOSETS
Donee's Address	2590 OGDEN AVENUE AURORA, IL 60504
Amount (FMV)	0
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	EDUCATION
Donee's Name	NORTH CENTRAL COLLEGE
Donee's Address	30 NORTH BRAINARD STREET NAPERVILLE, IL 60540
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	COMMUNITY
Donee's Name	NAPERVILLE SCHOOL DISTRICT 203
Donee's Address	203 W HILLSIDE ROAD NAPERVILLE, IL 60540
Amount (FMV)	0
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	4
Class of Activity	COMMUNITY
Donee's Name	NCTV-SPOTLIGHT ON NAPERVILLE
Donee's Address	127 AMBASSADOR DRIVE NAPERVILLE, IL 60540
Amount (FMV)	0
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	5
Class of Activity	COMMUNITY
Donee's Name	THE EDUCATION CENTER
Donee's Address	PO BOX 890 NAPERVILLE, IL 60540
Amount (FMV)	0
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	6
Class of Activity	COMMUNITY
Donee's Name	LITTLE FRIEDS
Donee's Address	140 N WRIGHT NAPERVILLE, IL 60540
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	7
Class of Activity	EDUCATION
Donee's Name	SCHOOLS FOR CHILDREN OF THE WORLD
Donee's Address	4945 BRADENTON DUBLIN, OH 43017
Amount (FMV)	0
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	8
Class of Activity	COMMUNITY
Donee's Name	CHICAGO PLAYGROUND PROJECT
Donee's Address	PO BOX 890 NAPERVILLE, IL 60540
Amount (FMV)	0
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	9
Class of Activity	ARTS
Donee's Name	DUPAGE SYMPHONY ORCHESTRA
Donee's Address	PO BOX 840 NAPERVILLE, IL 60566
Amount (FMV)	0
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	10
Class of Activity	ARTS
Donee's Name	CENTURY WALK
Donee's Address	400 S EAGLE STREET NAPERVILLE, IL 60540
Amount (FMV)	0
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	11
Class of Activity	ARTS
Donee's Name	ECUMENICAL ADULT DAY CARE
Donee's Address	305 W JACKSON NAPERVILLE, IL 60540
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	12
Class of Activity	ARTS
Donee's Name	NAPERVILLE COMMUNITY TELEVISION
Donee's Address	127 AMBASSADOR DR 103 NAPERVILLE, IL 60540
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	13
Class of Activity	ARTS
Donee's Name	NAPERVILLE NORTH HIGH SCHOOL
Donee's Address	899 N MILL STREET NAPERVILLE, IL 60540
Amount (FMV)	0
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	14
Class of Activity	ARTS
Donee's Name	NAPERVILLE PARK DISTRICT
Donee's Address	320 JACKSON AVENUE NAPERVILLE, IL 60540
Amount (FMV)	0
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	15
Class of Activity	ARTS
Donee's Name	PEOPLES RESOURCE CENTER
Donee's Address	649 BLACKHAWK DRIVE WESTMONT, IL 60559
Amount (FMV)	1,220
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	16
Class of Activity	ARTS
Donee's Name	WESTERN DUPAGE SPECIAL RECREATION ASSOC
Donee's Address	116 N SCHMALE ROAD CAROL STREAM, IL 60188
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	17
Class of Activity	ARTS
Donee's Name	YOUNG NAPERVILLE SINGERS
Donee's Address	43 E JEFFERSON AVENUE NAPERVILLE, IL 60540
Amount (FMV)	0
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	18
Class of Activity	INTERNATIONAL
Donee's Name	TIKONDANE COMMUNITY CENTER
Donee's Address	PO BOX 890 NAPERVILLE, IL 60540
Amount (FMV)	9,100
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	19
Class of Activity	COMMUNITY
Donee's Name	FAIR LADY PRODUCTIONS
Donee's Address	1665 QUINCY AVE SUITE 143 NAPERVILLE, IL 60540
Amount (FMV)	1,980
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	20
Class of Activity	COMMUNITY
Donee's Name	NAPER SETTLEMENT
Donee's Address	523 S WEBSTER NAPERVILLE, IL 60540
Amount (FMV)	3,500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	21
Class of Activity	COMMUNITY
Donee's Name	HERITAGE YMCA
Donee's Address	2120 W 95TH STREET NAPERVILLE, IL 60564
Amount (FMV)	5,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	22
Class of Activity	COMMUNITY
Donee's Name	AURTHER RAY FOUNDATION
Donee's Address	902 SUMPTER STREET NAPERVILLE, IL 60540
Amount (FMV)	5,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	23
Class of Activity	international
Donee's Name	rotary club of naperville sunrise
Donee's Address	po box 890 naperville, IL 60540
Amount (FMV)	5,000
Purpose of Payment to Affiliate	
Relationship	nONE
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

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TY 2008 Other Expenses Schedule

Name: NAPERVILLE SUNRISE FOUNDATION

EIN: 90-0135828

Description	Amount
CLEAN WATER PROJECT	5,000
SPECIAL EVENTS	7,969
CLEAN SWEEP	1,500
OTHER COMMUNITY PROJECTS	1,650
YOUTH EXCHANGE	2,075
arts & lıFe awards	4,500
INTERNATIONAL SERVICES	6,189
BANK FEES	620
SCHOLARSHIPS & AWARDS	14,275
CHRISTMAS GIFTS TO NEEDY	3,907

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TY 2008 Other Liabilities Schedule

Name: NAPERVILLE SUNRISE FOUNDATION

EIN: 90-0135828

Description	Beginning of Year Amount	End of Year Amount
scholarships payable	28,000	16,500
DUE TO ROTARY CLUB OF NAPERVILLE SUNRISE	21,524	20,514
FUNDS HELD FOR OTHERS	65,801	100,522

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TY 2008 Other Revenues Schedule

Name: NAPERVILLE SUNRISE FOUNDATION

EIN: 90-0135828

Description	Amount
Interest Income	743

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TY 2008 Transfers Personal Benefits Contracts Declaration

Name: NAPERVILLE SUNRISE FOUNDATION

EIN: 90-0135828

Declaration: The organization did not, during the year, receive any funds, directly,or indirectly, to pay premiums on a personal benefit contract.The organization, did not, during the year, pay any premiums, directly,or indirectly, on a personal benefit contract.

Additional Data

Software ID:
Software Version:
EIN: 90-0135828
Name: NAPERVILLE SUNRISE FOUNDATION

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
JOE LICHTER PO BOX 890 NAPERVILLE,IL 60566	PRESIDENT 12 00	0	0	0
NICKI SCOTT PO BOX 890 NAPERVILLE,IL 60566	PRESIDENT ELECT 12 00	0	0	0
TREVOR MORGAN PO BOX 890 NAPERVILLE,IL 60566	VICE PRESIDENT 12 00	0	0	0
DAWN NEWMAN PO BOX 890 NAPERVILLE,IL 60566	PAST PRESIDENT 12 00	0	0	0
BETH WHITTINGHAM PO BOX 890 NAPERVILLE,IL 60566	SECRETARY 12 00	0	0	0
JIM POVEJSIL PO BOX 890 NAPERVILLE,IL 60566	ASSISTANT SECRETARY 12 00	0	0	0
BERT FANCHER PO BOX 890 NAPERVILLE,IL 60566	TREASURER 12 00	0	0	0
CATHERINE GOULET PO BOX 890 NAPERVILLE,IL 60566	ASSISTANT TREASURER 12 00	0	0	0
JOE HASSELHORST PO BOX 890 NAPERVILLE,IL 60566	SERGEANT AT ARMS 12 00	0	0	0
BRUCE DIXON PO BOX 890 NAPERVILLE,IL 60566	DIRECTOR 1 00	0	0	0
SEAN DALEY PO BOX 890 NAPERVILLE,IL 60566	DIRECTOR 1 00	0	0	0
MARK RICE PO BOX 890 NAPERVILLE,IL 60566	DIRECTOR 1 00	0	0	0
JOHN KEOUGH PO BOX 890 NAPERVILLE,IL 60566	DIRECTOR 1 00	0	0	0
STEVE ODDEN PO BOX 890 NAPERVILLE,IL 60566	DIRECTOR 1 00	0	0	0
BARBARA YOKOM PO BOX 890 NAPERVILLE,IL 60566	DIRECTOR 1 00	0	0	0
DARLENE SENGER PO BOX 890 NAPERVILLE,IL 60566	DIRECTOR 1 00	0	0	0
KEVIN GLYNN PO BOX 890 NAPERVILLE,IL 60566	DIRECTOR 1 00	0	0	0
DEBORAH NEWMAN PO BOX 890 NAPERVILLE,IL 60566	DIRECTOR 1 00	0	0	0