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Form 990-EZ

Department of the Treasury Internal Revenue Service

DAA

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 \$500,000 and total assets less than \$1,250,000 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 2009

Open to Public

inspection

| Α | For the | 2009 calenc | dar yea <u>r</u> | or tax year beginning U//UL/UY, and ending Ub/. | 30/10 | | |
|------------------|-------------|-----------------|---------------------|--|---|----------------------|--|
| В | Check If | applicable | Please | C Name of organization | | D Em | ployer identification number |
| Щ | Address | change | use IRS label or | SEIZE THE FUTURE DEVELOPMENT | 2.0 | 4553300 | |
| Щ | Name ch | hange | print or | FOUNDATION | | -4573388 | |
| Н | Initial ref | | type. See | Number and street (or PO box, if mail is not delivered to street address) 43 WEST GALENA BLVD | Room/suite | | ephone number 0 - 897 - 5500 |
| \vdash | Termina | | Specific | | | | oup Exemption |
| H | Amende | | Instruc- | City or town, state or country, and ZIP + 4 AURORA IL 60506 | | | mber |
| LL | | tion pending | tions. | | G Accounting | | Cash X Accrual |
| | • Sec | uon sun(c)(s | - | ations and 4947(a)(1) nonexempt charitable trusts must attach pleted Schedule A (Form 990 <u>or 990-EZ)</u> . | Other (specify) | • | |
| ī | Websit | te: ▶ N/ | | | H Check ▶ | X If th | e organization is not chedule B (Form 990, |
| J | | empt status (ct | |) — X 501(c) (3) ◀ (insert no) 4947(a)(1) or | 527 required to | attach Sc 990-PF) | chedule B (Form 990, |
| ĸ | Check | > | if the o | anization is not a section 509(a)(3) supporting organization and it | s gross receipts are non | mally no | t more than \$25,000. A |
| | Form 9 | 90-EZ or For | m 990 r | turn is not required, but if the organization chooses to file a return, | be sure to file a comple | te return | 1. |
| <u>L</u> | Add line | s 5b, 6b, and 7 | b, to line | to determine gross receipts; if \$500,000 or more, file Form 990 instead of Fo | rm 990-EZ | > : | 10,273 |
| F | art i | Rever | rue, Ex | penses, and Changes in Net Assets or Fund Balar | nces (See the instr | uctions | s for Part I.) |
| | 1 | Contributions, | , gifts, gra | ts, and similar amounts received | | 1 | |
| | 2 | Program se | rvice rev | enue including government fees and contracts | • | 2 | |
| | 3 | Membership | o dues a | d assessments | • | 3 | |
| | 4 | Investment | | | | 4 | 10,273 |
| | 5a | | | ale of assets other than inventory 5a | | | |
| | b | | | asis and sales expenses 5b | | - |] |
| | C | | | of assets other than inventory (Subtract line 5b from line 5a) | • | 5c | |
| Φ | 1 | | | ities (complete applicable parts of Schedule G). If any amount is from gamir | na. check here | | |
| en. | a | • | | ncluding \$ of contributions | 3, 1 2 | - | - |
| Revenue | " | reported on | | 6a | 1 | ŧ | |
| | Ь | • | • | s other than fundraising expenses 6b | | _ | 1 |
| 30 | 6 | | • | from special events and activities (Subtract line 6b from line 6a) | | → 6c | |
| ~ | 7a | | | tory, less returns and allowances 7a | 1 | | |
| N |) 'a | Less: cost of | | | | _ | |
| € ₹ | | | _ | from sales of inventory (Subtract line 7b from line 7a) | | 7c | |
| | C | • | | | • |) 8 | |
| 5 | 8 9 | Other reven | | ines 1, 2, 3, 4, 5c, 6c, 7c, and 8 | | 9 | 10,273 |
| 3 | 10 | | | nounts paid (attach schedule) | | 10 | 10/2/3 |
| CANALINE uses | 11 | | | | | 11 | |
| ē | | Benefits par | | i 17.5° | CF | 12 | |
| ₹8 | 12 | • | | ensation, and employee benefits | •- | 13 | 2,225 |
| ි වී Suga | 13 | | | d other payments to independent contractors interest, and maintenance | | | 12,000 |
| EX D | 1 | | | 1 1 2012 | 23 -311 | 14 | 12,000 |
| | 15 | | | , postage, and shipping | | 15 | 129,856 |
| | 16 | • | - | cribe See Statement 1 | }=\:\:\:\:\:\:\:\:\:\:\:\:\:\:\:\:\:\:\: |) 16 | |
| | 17 | | | I lines 10 through 16 | | 17 | 144,081 |
| ম | 18 | | | r the year (Subtract line 17 from line 9) | at a | 18 | -133,808 |
| Net Assets | 19 | | | alances at beginning of year (from line 27, column (A)) (must agre | e with | · | 502 020 |
| ĕ | | - | • | ported on prior year's return) | | 19 | 502,820 |
| Ž | | • | • | assets or fund balances (attach explanation) | | 20 | 260 010 |
| | 21 | | | alances at end of year Combine lines 18 through 20 | | 21 | 369,012 |
| | art II | Balan | ice Sh | ets. If Total assets on line 25, column (B) are \$1,250,000 or more | | | |
| | _ | | | (See the instructions for Part II) | (A) Beginning of year | | (B) End of year |
| | | savings, and | | nts | 512,82 | | 371,237 |
| | | and buildings | | | | 23 | |
| 24 | Other | assets (desci | ribe 🕨 |) | | 24 | |
| | Total a | | | | 512,82 | _ | 371,237 |
| | | liabilities (de | | | 10,00 | | 2,225 |
| <u>27</u> | Net as | sets or fund | balanc | s (line 27 of column (B) must agree with line 21) | 502,82 | 20 27 | |
| Fo | r Privac | y Act and Pa | aperwor | Reduction Act Notice, see the separate instructions. | | | Form 990-EZ (2009 |

| Form 990-EZ (2009) | <u>HE FUTURE DEVELOPME</u> | NT 36 | <u>-4573388</u> | | | Page 2 |
|---|---|----------------------------|------------------|--------------|----------------|--|
| Part III Statement of Prog | ram Service Accomplishmer | nts (See the instruc | tions for Part I | I.) | Ex | penses |
| What is the organization's primary exem | npt purpose? | | | ' ו | • | for section |
| See Statement 3 | | | | | | |
| | | | | 1 | - | |
| · | , the number of persons benefited, or o | other relevant information | tor | - 1 | | • • |
| | | | | | or otners |) |
| | IIC AND WORKFORCE DEVELOPMENT | OF THE CITY OF | | | | |
| AURURA. | | | | | | |
| (Grants \$ |) If this amount includes foreign gran | nts. check here | • | ് | , | 139,805 |
| 29 | , | , | | | | , |
| | | | | | | |
| | | | | | | |
| (Grants \$ |) If this amount includes foreign gran | nts, check here | | 29a | 1 | |
| 30 | | | | Į. | | |
| | | | | | | |
| | | | |] | | |
| | | nts, check here | <u> </u> | 30a | 3 | |
| | | | | <u> ا ج</u> | i | |
| | | nts, check here | <u> </u> | | | 120 005 |
| | | ist such and such if not i | | | | |
| Part IV List of Onicers, Direct | ors, Trustees, and Key Employees. L | | | (d) Conti | nbutions to | (e) Expense |
| (a) Na | me and address | hours per week | (If not paid, | employee be | enefit plans & | account and |
| ED BONTEAS | AIIDODA | <u> </u> | enter -0) | Gelenes Co | impensauon | Other allowances |
| - | | PABSIDANI | , | | 0 | . ا |
| CHARLES DOSS | AURORA | VICE PRES | , | | | |
| | IL 60506 | | 0 | [| 0 | 0 |
| TOM COOK | AURORA | SECRETARY | | | | |
| 750 MORTON AVE | IL 60506 | | 0 | | 0 | 0 |
| DAN T DOLAN | AURORA | TREASURER | | | | |
| 765 ORCHARD AVE | IL 60506 | | 0 | | 0 | 0 |
| G. PATT MEDCHILL | AURORA . | DIRECTOR | | | | |
| 49 W GALENA BLVD | IL 60506 | | 0 | | 0 | 0 |
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| Organizations and sect appropriate 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 abd7(a)(1) frusts, option and propriate title. 28 CONTRIBUTED TO THE ECONOMIC AND WORKFORCE DEVELOPMENT OF THE CITY OF AURORA. (Grants \$) If this amount includes foreign grants, check here 29 (Grants \$) If this amount includes foreign grants, check here 30 (Grants \$) If this amount includes foreign grants, check here 31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here 31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here 31 Total program service expenses (add lines 28s through 31a) Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV) (Composition of the compensation of the compen | | - | | | | |
| | | | | | | 1 |
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| Pa | *** Other Information (Note the statement requirements in the instructions for Part V.) | | | |
|-----|--|-------|----------|-------|
| | | | 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 | | X |
| 34 | Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of | | | |
| | the changes | 34 | | 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 why the organization did not report the income on Form 990-T | | | |
| а | Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section | | | |
| | 6033(e) notice, reporting, and proxy tax requirements? | 35a | | X |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | 35b | | |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets | | | |
| | during the year? If "Yes," complete applicable parts of Schedule N | 36 | | X |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instr. | | | |
| b | Did the organization file Form 1120-POL for this year? | 37b | | х |
| 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 outstanding at the end of the period covered by this return? | 38a | ĺ | х |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved 38b | | | |
| 39 | Section 501(c)(7) organizations Enter | 1 | | |
| а | Initiation fees and capital contributions included on line 9 | | . | |
| ь | Gross receipts, included on line 9, for public use of club facilities 39b | 1 | | |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: | 1 | | |
| | section 4911 ▶ ; section 4912 ▶ , section 4955 ▶ | | | |
| b | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit | | | |
| | transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified | | | |
| | person in a prior year, and that the transaction has not been reported on any of the organization's prior | 1 | | |
| | Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40ь | | x |
| С | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on | | | |
| | organization managers or disqualified persons during the year under sections 4912, | | | |
| | 4955, and 4958 | | | |
| d | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c | | | |
| | reimbursed by the organization | | | |
| e | 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 | 40e | | X |
| 41 | List the states with which a copy of this return is filed ▶ | | | |
| 42a | The organization's books are in care of ▶ TOM COOK Telephone no. ▶ 63 | -85 | 9-3 | 971 |
| | 43 W GALENA BLVD | | | |
| | Located at ► AURORA, IL ZIP+4 ► 60 | 506 | | |
| 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 | | Yes | No |
| | account)? | 42b | | X |
| | If "Yes," enter the name of the foreign country | | | 1 |
| | 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 | | 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 | | | |
| | | | | |
| | | | Yes | No |
| 44 | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of | | | |
| | Form 990-EZ | 44 | | 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 | 45 | <u> </u> | X |
| | | om 99 | 0-EZ | (2009 |

| | 990-EZ (ZOU9) SEIZE THE FUTURE DEVELOPMENT | 1441 | | 1-45/3366 | All a | | Page 4 | | | |
|--|---|--------------------|--|--|----------------------|------------------------------------|--------------|--|--|--|
| Pai | t VI Section 501(c)(3) organizations and section 4947(a | | | | | | 0h | | | |
| | 501(c)(3) organizations and section 4947(a)(1) none | exempt | cnaritat | ne trusts must | answer questi | ONS 40-4 | 90 | | | |
| | and complete the tables for lines 50 and 51. | | | | | | T | | | |
| 46 | Did the organization engage in direct or indirect political campaign activities of | on benair (| or or in opp | osition to | | Yes | No X | | | |
| | candidates for public office? If "Yes," complete Schedule C, Part I | d- 0 D-4 | | | | 46 | X | | | |
| Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes." complete Schedule E | | | | | | | | | | |
| | Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization make any transfers to an exempt non-charitable related organization? | | | | | | | | | |
| | • | organizati | on / | | | 49a 49b | X | | | |
| b 50 | If "Yes," was the related organization a section 527 organization? | oo (othor | h office | | oon and kou | [43D] | J | | | |
| 50 | Complete this table for the organization's five highest compensated employed | • | | | | | | | | |
| | employees) who each received more than \$100,000 of compensation from the (a) Name and address of each employee paid more than \$100,000 | (b) Title hours | and average per week I to position | | | (e) Experior account a other allow | and | | | |
| None | | Ī | | | | | | | | |
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| | | | | 1 | | | | | | |
| f | Total number of other employees paid over \$100,000 | | | | | L | | | | |
| 51 | Complete this table for the organization's five highest compensated independ \$100,000 of compensation from the organization. If there is none, enter "Non | | actors who | each received m | ore than | | | | | |
| | | | | | | | | | | |
| | (a) Name and address of each independent contractor paid more than \$100,000 | | (b) | Type of service | (c) (| compensation | | | | |
| UR | BAN INNOVATION SOLUTIONS, INC. ELGIN | . | | | | | | | | |
| 11 | 5 PORTSMOUTH IL 60123 | | DEVL: | PMT CONSU | LT | <u>127,</u> | <u> 155</u> | | | |
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| | • | | | | | | | | | |
| | Total number of other independent contractors each receiving over \$100,000 |) 1 | O | | | | | | | |
| • | Total Harrison of other mappingon contractors each receiving over 4 respect | • | | | | | | | | |
| | Under penalties of perjury, I declare that I have examined this return, including | | | | | | | | | |
| | and belief, it is true, correct, and complete Declaration of preparer (other than | n officer) is | based on al | I information of which | preparer has any kno | wledge | | | | |
| Sigr | I pornary, Cash | | | 05 | 16/11 | | _ | | | |
| Here | Signature of officer | | | Date | | | | | | |
| | THOMAS V.COOK | | | · | | | | | | |
| | Type or print name and title | | | | | | <u> </u> | | | |
| | Preparer's | - 1 | Date | Check if self- | ' | ntifying Number (| (See instr.) | | | |
| Paio | | | 05/1 | 4/11 employed | ▶∏ P0009 | 9670_ | | | | |
| • | parer's Firm's name (or yours Weber & Associates, | CPA's | | | EIN ▶ | | | | | |
| | | | | | | | | | | |
| Use | Only of self-employed), 314 N Lake St Ste 1B | | | · · · · · · · · · · · · · · · · · · · | Phone | | | | | |
| | address, and ZIP+4 Aurora, IL 60506-40 | | | · · · · · · · · · · · · · · · · · · · | Phone | -897-4 | <u>4500</u> | | | |
| | | | - | ······································ | Phone no ▶ 630 | 997 - 4 Yes orm 990-E | No | | | |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

SEIZE THE FUTURE DEVELOPMENT FOUNDATION

Employer identification number 36-4573388

| Pa | urt l | Reaso | on for Public Cha | rity Status (All | <u>l organization</u> | <u>s must c</u> | <u>:omplet</u> | <u>e this</u> j | <u>oart.)</u> (| <u>See in</u> | <u>structi</u> | ions | | |
|----------|--------|-----------------------------|---|------------------------|-----------------------------------|-----------------|------------------------|-----------------|---------------------------|-----------------------|---------------------|------------------|------|----|
| The | orga | nization is not | a private foundation b | ecause it is: (For lin | es 1 through 11, | check only | one box. |) | | | | | | |
| 1 | | A church, cor | vention of churches, | r association of ch | urches described | ın section | 170(b)(1 |)(A)(i). | | | | | | |
| 2 | П | | cribed in section 170(| | | | | | | | | | | |
| 3 | П | A hospital or | a cooperative hospital | service organization | n described in se | ection 170 | b)(1)(A)(i | ii). | | | | | | |
| 4 | П | A medical res | or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 organizati | on operated for the be | nefit of a college or | university owned | d or operate | ed by a go | vemme | ntal unr | t descri | oed in | | | |
| | | | b)(1)(A)(iv). (Complete | = | • | • | , , | | | | | | | |
| 6 | \Box | • | te, or local governmen | • | unit described in | section 17 | 0(b)(1)(A) |)(v). | | | | | | |
| 7 | X | | on that normally recer | • | | | | | rom the | genera | l public | | | |
| | | - | section 170(b)(1)(A)(v | · · | | • | | | | • | • | | | |
| 8 | | | trust described in sec | • • • | - | rt II) | | | | | | | | |
| 9 | П | - | on that normally recei | | • • • | - | contributi | ons, me | mbersh | ip fees, | and gro | oss | | |
| | _ | - | activities related to its | | | | | | | | - | | | |
| | | | gross investment inco | | | | | | | | | | | |
| | | acquired by ti | he organizatıon after J | une 30, 1975 See | section 509(a)(2 |). (Comple | te Part III. | .) | | | | | | |
| 10 | П | An organizati | on organized and ope | ated exclusively to | test for public sa | fety. See s | ection 50 | 9(a)(4). | | | | | | |
| 11 | | An organizati | on organized and ope | ated exclusively fo | r the benefit of, to | perform t | ne functio | ns of, or | to carry | out the | • | | | |
| | | purposes of o | one or more publicly si | ipported organization | ons described in | section 509 | 9(a)(1) or | section | 509(a)(2 | 2). See: | section | | | |
| | | 509(a)(3). Ch | eck the box that desc | bes the type of su | pporting organiza | ition and co | mplete lir | nes 11e | through | 11h. | | | | |
| | | a 🗌 Type | I b Type | II c | Type III-Functio | nally integr | ated | d [| Тур | e III–Ot | her | | | |
| е | | By checking t | this box, I certify that t | ne organization is n | ot controlled dire | ctly or indi | ectly by o | ne or m | ore disc | _l ualified | | | | |
| | | persons othe | r than foundation man | agers and other tha | an one or more p | ublicly supp | orted org | anızatio | ns desc | ribed in | section | ı | | |
| | | 509(a)(1) or s | section 509(a)(2). | | | | | | | | | | | |
| f | | If the organiz | ation received a writte | n determination from | m the IRS that it | is a Type I, | Type II, o | or Type | III suppe | orting | | | | |
| | | organization, | check this box | | | | | | | | | | | |
| g | | Since August | t 17, 2006, has the org | anization accepted | any gift or contri | ibution fron | n any of th | ne | | | | | | |
| | | following per | sons? | | | | | | | | | | | |
| | | (i) A persor | n who directly or indire | ctly controls, either | alone or togethe | r with perso | ons descr | ıbed in (| II) | | | _ | Yes | No |
| | | and (III) I | below, the governing b | ody of the supporte | ed organization? | | | | | | | 11g(i) | | |
| | | (ii) A family | member of a person of | lescribed in (i) abov | ve? | | | | | | | 11g(ii) | | |
| | | (iii) A 35% c | ontrolled entity of a pe | rson described in (| ı) or (ıı) above? | | | | | | | 11g(ili | | |
| <u>h</u> | | Provide the f | following information a | bout the supported | organization(s) | 1 | | | | | т | | | |
| (1) | | e of supported anization | (ii) EIN | 1 | of organization | 1 | organization | . , | rou notify nization in | | s the ion in col | (vii) Am supp | | |
| | Oif | janizauon | | | ed on lines 1–9 or IRC section | | sted in your document? | ∞l (i) | of your | (i) organi | zed in the | Supp | λίτ. | |
| | | | | (see ii | nstructions)) | · · · · | | | port? | + | S? | | | |
| | | | | | | Yes | No | Yes | No | Yes | No | | | |
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| | _ | | | | | | 1 | | | | | | | |
| Tota | ıl | | | 1 | | | I | | | 1 | | | | _ |

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

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Page 2

| Pa | rt II Support Schedule for O | ganizations D | escribed in Se | ections 170(b)(| (1)(A)(iv) and <i>1</i> | 170(b)(1)(A)(vi) | • |
|----------|--|--------------------|---------------------|----------------------|-------------------------|-------------------|----------------|
| | (Complete only if you che | ecked the box o | on line 5, 7, or | 8 of Part I.) | | | |
| | ion A. Public Support | | #1.0000 T | () 2007 | 44) 2000 | (e) 2009 | (f) Total |
| Cal | endar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (I) I Otal |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | 1,197,651 | 63,654 | 46,113 | 5,500 | | 1,312,918 |
| 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 through 3 | 1,197,651 | 63,654 | 46,113 | 5,500 | | 1,312,918 |
| 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) | | | | | , | 41,249 |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 1,271,669 |
| Sec | tion B. Total Support | | | | | | |
| Cal | endar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 7 | Amounts from line 4 | 1,197,651 | 63,654 | 46,113 | 5,500 | | 1,312,918 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 15,307 | 38,323 | 38,719 | 22,027 | 10,273 | 124,649 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | 0 | |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | 1 427 567 |
| 11 | Total support. Add lines 7 through 10 | L | | <u> </u> | | 142 | 1,437,567 |
| 12 | Gross receipts from related activities, etc. | | | | | (2)(3) | 20,445 |
| 13 | First five years. If the Form 990 is for the organization, check this box and stop her | е | | ıπn, or ππn tax yea | r as a section 50 i | | • |
| | tion C. Computation of Public S | | | | | 144 | 00.469/ |
| 14 | Public support percentage for 2009 (line 6 | | | ın (t)) | | 14 | 88.46% |
| 15 | Public support percentage from 2008 Sch | | | 40 44 0 | 22.4/2.0/ | 15 | 89.08% |
| 16a | and stop here. The organization qualifies | as a publicly supp | orted organization | | | | ▶ [X |
| b | 33 1/3 % support test—2008. If the organization qual | | | | 5 is 33 1/3 % or n | nore, check this | ▶ [|
| 17a b | box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2009. 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 10%-facts-and-circumstances test—2008. 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 | | | | | | |
| 18 | organization meets the "facts-and-circum Private foundation. If the organization di | stances" test. The | organization qualif | ies as a publicly su | ipported organizat | ion | > |
| _ | | | | | Sch | edule A (Form 990 | or 990-E7) 200 |

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶

(e) 2009

(d) 2008

(b) 2006

(c) 2007

(f) Total

Schedule A (Form 990 or 990-EZ) 2009 SEIZE THE FUTURE DEVELOPMENT Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

(a) 2005

| 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 through 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 | | | ; | | | ļ | |
| | exceed the greater of \$5,000 or 1% of the | | | | | | | |
| | amount on line 13 for the year | | | | | | \rightarrow | |
| C | Add lines 7a and 7b | <u> </u> | | <u> </u> | <u></u> | | | |
| 8 | Public support (Subtract line 7c from line 6) | | | | | | | |
| | tion B. Total Support | | | | | , | | |
| Ca | lendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | , | (f) Total |
| 9 | Amounts from line 6 | | ļ | | | | | |
| 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 | | | | | | | |
| С | Add lines 10a and 10b | | | | | | ightharpoonup | |
| 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, | 1 | | - | 1 | | | |
| | and 12) | | | | | <u>L</u> | $oldsymbol{oldsymbol{oldsymbol{\bot}}}$ | |
| 14 | First five years. If the Form 990 is for the | organization's firs | st, second, third, fo | ourth, or fifth tax ye | ear as a section 50 | 1(c)(3) | | r |
| | organization, check this box and stop her | | | | | | | ▶ [|
| Sec | tion C. Computation of Public S | upport Percen | itage | | | - | | |
| 15 | Public support percentage for 2009 (line 8 | 3, column (f) divide | ed by line 13, colu | mn (f)) | | | 15 | % |
| <u>16</u> | Public support percentage from 2008 Sch | | | | | | 16 | 9/ |
| Sec | tion D. Computation of Investme | ent Income Pe | rcentage | | | | | |
| 17 | Investment income percentage for 2009 (| line 10c, column (f | f) divided by line 1 | 3, column (f)) | | | 17 | 9/ |
| 18 | Investment income percentage from 2008 | Schedule A, Part | III, line 17 | | | | 18 | |
| 19a | 33 1/3 % support tests—2009. If the orga | anization did not cl | heck the box on la | ne 14, and line 15 | is more than 33 1/3 | 3 %, and line | | |
| | 17 is not more than 33 1/3 %, check this I | box and stop here | . The organization | qualifies as a pub | olicly supported org | anızatıon | | ▶ [|
| b | 33 1/3 % support tests—2008. If the orga | anization did not cl | heck a box on line | 14 or line 19a, an | d line 16 is more th | nan 33 1/3 %, | and | - |
| | line 18 is not more than 33 1/3 %, check t | this box and stop l | here. The organiz | ation qualifies as a | publicly supported | l organization | | ▶ [|
| 20 | Private foundation. If the organization did | d not check a box | on line 14, 19a, o | r 19b, check this b | ox and see instruct | ions | | . |
| | | | | | C- | Lad.da A /Ca | 000 | 000 EZ\ 20 |

Schedule A (Form 990 or 990-EZ) 2009 SEIZE THE FUTURE DEVELOPMENT

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Page 4

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

5/14/2011 3:22 PM

SEIZE SEIZE THE FUTURE DEVELOPMENT

36-4573388

Federal Statements

FYE: 6/30/2010

Statement 1 - Form 990-EZ, Part I, Line 16 - Other Expenses

| Description | Amount |
|------------------------|------------|
| Expenses | \$ |
| CONFERENCES & MEETINGS | 600 |
| SUPPLIES | 50 |
| CONSULTING SERVICES | 127,155 |
| INSURANCE | 1,955 |
| BANK CHARGES | 96 |
| Total | \$ 129,856 |

Statement 2 - Form 990-EZ, Part II, Line 26 - Total Liabilities

| Description | Beginning of Year | End of Year |
|---------------------------------------|----------------------|--------------------|
| Accounts Payable and Accrued Expenses | \$ 10,000 | \$ 2,225 |
| | 10,000 | 2,225 |

SEIZE SEIZE THE FUTURE DEVELOPMENT

Federal Statements

36-4573388 FYE: 6/30/2010 5/14/2011 3:22 PM

Statement 3 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

TO MOTIVATE AND FACILITATE THE REVITALIZATION AND DEVELOPMENT OF AURORA AND ITS DOWNTOWN.

| Form 8868 (Rev. 1-2011) | | | | | Page 2 |
|--|---|--|-------------|------------------------|------------|
| If you are filing for an Additional (Not Automatic) 3-Month Ext | tension, con | nplete only Part II and check this box | | | ► X |
| Note. Only complete Part II if you have already been granted an au | itomatic 3-m | onth extension on a previously filed Fo | m 8868 | | |
| If you are filing for an Automatic 3-Month Extension, complet | e only Part | I (on page 1) | _ | | |
| Part II Additional (Not Automatic) 3-Month Ex | | | no copie | s needed). | |
| Type or Name of exempt organization SEIZE THE FUTURE DEVELOPMENT OF THE PROPERTY OF THE PROPER | | | _ | er identification nun | nber |
| File by the FOUNDATION | 36-4 | 573388 | | | |
| extended Number, street, and room or suite no If a P O box | c, see instruc | ctions. | | | |
| due date for diling your 43 WEST GALENA BLVD | | | | | |
| return See City, town or post office, state, and ZIP code For a | a foreign add | fress, see instructions. | | • | |
| instructions AURORA IL | 60506 | 5 | | | |
| Enter the Return code for the return that this application is for (file a | a separate a | pplication for each return) | | | 03 |
| Application | Return | Application | | | Return |
| Is For | Code | Is For | | | Code |
| Form 990 | 01 | | | | |
| Form 990-BL | 02 | Form 1041-A | | | 08 |
| Form 990-EZ | 03 | Form 4720 | | | 09 |
| Form 990-PF | 04 | Form 5227 | | | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | | | 12 |
| The books are in the care of ► TOM COOK Telephone No ► 630-859-3971 If the organization does not have an office or place of business. If this is for a Group Return, enter the organization's four digit of for the whole group, check this box ► If it is for partises with the names and EINs of all members the extension is for. I request an additional 3-month extension of time until 05 For calendar year , or other tax year beginning if the tax year entered in line 5 is for less than 12 months, check in the control of time is requested and accurate return. | Group Exem t of the grou /16/11 07/0 neck reason: | ed States, check this box ption Number (GEN) If this p, check this box D1/09 , and ending 06/30/1 Initial return Final return | attach a | re a compl | .ete |
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, on nonrefundable credits. See instructions. b If this application is for Form 990-PF, 990-T, 4720, or 6069, | 8a | \$ | | | |
| estimated tax payments made. Include any prior year overpa amount paid previously with Form 8868. | ayment allow | ved as a credit and any | 8b | \$ | <u>.</u> |
| c Balance Due. Subtract line 8b from line 8a Include your pay | | | | | |
| FTD coupon or, if required, by using EFTPS (Electronic Fed | | | 8c | \$ | |
| Sig Under penalties of perjury, I declare that I have examined this form, including true, correct, and complete, and that I am authorized to prepare this form | _ | nd Verification g schedules and statements, and to the best | of my knowl | edge and belief, it is | |
| Signature ▶ | т | itle ▶ CPA | | Date ▶ 05/ | 14/11 |
| | | | | Form 8868 (F | Rev 1-2011 |