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Department of the Treasury

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047 Open to Public Inspection

A F	For the 20	011 calendar year, or tax year beginning	and	ending		
	Check if applicable	C Name of organization		,	D Employer identific	ation number
	Address change	CNT Energy			36.44	142002
<u> </u>	Name change Initial	Doing Business As				143093
<u> </u>	return	Number and street (or P.O. box if mail is not deli	vered to street address)	Room/suite	E Telephone number	269-4037
<u> </u>	Termin- ated Amended	2125 W. North Avenue		<u> </u>		9,339,497.
<u> </u>	return Applica-	City or town, state or country, and ZIP + 4		/	G Gross receipts \$	
L	tion pending	Chicago, IL 60647	Errong		H(a) Is this a group ret	turn Yes X No
		F Name and address of principal officer.Anne	e Evens		for affiliates?	
		same as C above	4 (mand man) 4047/a)/4)	507	H(b) Are all affiliates incli	
		pt status: 501(c)(3) X 501(c) (4)	(insert no.) 4947(a)(1)	or 527		ist. (see instructions)
		► www.cntenergy.org ganization: X Corporation Trust Ass	sociation Other	I Vear	of formation: 2001 M	State of legal domicile: IL
		ummary	ociation outer >	L 1 cai	or formation. 2002 W	State of legal dofficite. 22
ш.		efly describe the organization's mission or most	significant activities: CNT	Energy	is an organ	nization
Governance	l ti	hat helps communities co	ntrol energy co	sts		
, E		eck this box I if the organization discor			e than 25% of its net ass	sets.
Ş		imber of voting members of the governing body			3	9
Ğ ≪	1	imber of independent voting members of the gov			4	7
es &	5 To	tal number of individuals employed in calendar y	ear 2011 (Part V, line 2a)		5	37
<u>viţi</u>	6 To	tal number of volunteers (estimate if necessary)			6	15
Activities	7 a To	tal unrelated business revenue from Part VIII, co	lumn (C), line 12		7a	0.
	b Ne	t unrelated business taxable income from Form			7b	0.
Revenue		RECEIVE		<u> </u>	Prior Year	Current Year
e e	8 Co	ontributions and grants (Part VIII, line 1h)	S	-	436,375.	2,584,139.
Revenue	9 Pro	ogram service revenue (Part VIII Nine 29)》 1 2	11A (Q!	_	5,217,478.	6,750,850.
Se S		estment income (Part VIII, column (A), lines 3, 4,	and 7d) ω	<u> </u>	6,097.	3,831.
•		her revenue (Part VIII, column (A); lines 5; 6d, 8c;	-	5,662,958.	9,339,497.	
		tal revenue - add lines 8(through) (1-(must-equal		257,102.	298,307.	
		ants and similar amounts paid (Part IX, column (0.	0.	
	1	nefits paid to or for members (Part IX, column (A laries, other compensation, employee benefits (F		1,630,704.	2,170,731.	
ıse	16a Pr	ofessional fundraising fees (Part IX, column (A), li		<u> </u>	0.	0.
Expenses	b To	tal fundraising expenses (Part IX, column (D), line		98.		
Ã	17 Ot	her expenses (Part IX, column (A), lines 11a-11d,			3,457,657.	6,672,170.
		tal expenses. Add lines 13-17 (must equal Part I)			5,345,463.	9,141,208.
	1	evenue less expenses. Subtract line 18 from line			317,495.	198,289.
es Se	3			В	eginning of Current Year	End of Year
sets alan	20 To	tal assets (Part X, line 16)			3,586,313.	3,470,251.
Net Assets or Fund Balances	21 To	tal liabilities (Part X, line 26)		<u> </u>	2,307,609.	2,090,758.
		et assets or fund balances. Subtract line 21 from	line 20		1,278,704.	1,379,493.
		Signature Block				
		es of perjury, I declare that I have examined this return,				knowledge and belief, it is
true	e, correct, a	and complete. Declaration of preparer (other than office	r) is based on all information of w	vhich prepare	r has any knowledge.	
		Signature of officer			l Date	
Sig		Anne Evens, Chief Exec	utive Officer			
Her	re	Type or print name and title	dcive Officer			
_		rint/Type preparer's name	Preparer's signature		Date Check	PTIN
Paid		ugh J. Ahern, CPA	Troparor o orginaturo	ŀ	11/14/12 self-employe	F00010788
	_	mm's name Desmond & Ahern,	Ltd		Firm's EIN	36-3321958
		rm's address 10827 S. Western		_	7	
	· ' '	Chicago, IL 6064			Phone no. 7	73-779-4720
Mar	y the IRS	discuss this return with the preparer shown abo			· · · · · · · · · · · · · · · · · · ·	X Yes No
	001 01-23-1			lions.		Form 990 (2011)

	990 (2011) CNT Energy 36-444	<u> 3093</u>	F	age
Par	t IV Checklist of Required Schedules		1	T
	2011 VO) 40471 VV) 41 41 41 41 41 41 41 41 41 41 41 41 41		Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		ł	x
	If "Yes," complete Schedule A	1 2	 	X
	Is the organization required to complete Schedule B, Schedule of Contributors?	-		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		X
	public office? If "Yes," complete Schedule C, Part I	_	 	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effective of the section 501(c) and the organization engage in lobbying activities, or have a section 501(h) election in effective of the section 501(c) and the organization engage in lobbying activities, or have a section 501(h) election in effective of the section 501(c) and the organization engage in lobbying activities, or have a section 501(h) election in effective or the sect	1 4		
_	during the tax year? If "Yes," complete Schedule C, Part II	-	┼─	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5	x	
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	-	 	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	, 6		x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part	′ °	 	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7	1	X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<u> </u>	+	1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		X
_	Schedule D, Part III	-	 	
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	9		x
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	_	 	122
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10		x
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	╁	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			ĺ
_	as applicable.			1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	x	1
	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	1110	 	
D	· · · · · · · · · · · · · · · · · · ·	11b		X
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1115		1
С		11c	ĺ	X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	1110	-	+
a	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	l	X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	+	+==
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	+	
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	 ' ''	+	
124	Schedule D, Parts XI, XII, and XIII	12a		X
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120	1	+
U	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	 	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	1	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1.0	† ·	1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		1	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	1	1	t
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
. •	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	1	x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			1
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		1	T
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII. line 9a? If "Yes."			

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complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form		4443093	Р	age 4
Par	t IV Checklist of Required Schedules (continued)			_
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the	Ì		l
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	Щ
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part I	Х,	1	
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	i		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	ne		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			ŀ
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
•	any tax-exempt bonds?	24c	İ	
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
200	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
ь.	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	1200		
U	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		X
00	Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disquared employee.	-		
26		26		x
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	20	 	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	İ		İ
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			х
	of any of these persons? If "Yes," complete Schedule L, Part III	27	├	_^
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		1	
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ļ	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<u> </u>	_ <u></u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer.	cer,		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	L
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	ļ	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	contributions? If "Yes," complete Schedule M	30	<u> </u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	ļ	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			1
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning	of [
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	tion?		
	If "Yes," complete Schedule R, Part V, line 2	36		L
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			

Form 990 (2011)

X

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note. All Form 990 filers are required to complete Schedule O

Par	Statements Regarding Other IRS Fillings and Tax Compilance								
	Check if Schedule O contains a response to any question in this Part V		— т	v	<u> </u>				
	5	16	\dashv	Yes	No				
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	10	l						
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the appropriate according to the property of the property to worden and reportable.		- 1						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable (gambling) winnings to prize winners?	gariing	1c	х					
0-		-	'						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a	o	- 1						
L	filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<u>-</u>	2b						
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	-							
22	Did the organization have unrelated business gross income of \$1,000 or more during the year?	į	3a		Х				
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<u> </u>	3b						
	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
70	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X				
h	If "Yes," enter the name of the foreign country:	 	"						
-	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	Ţ	5b		X				
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	ation solicit							
	any contributions that were not tax deductible?		6a		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gill	fts	\neg						
	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provi	ided to the payor?	7a						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b						
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was require	ed	-						
	to file Form 8282?		7c						
d	If "Yes," indicate the number of Forms 8282 filed during the year		- 1						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	Ļ	7e						
f									
			7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a		7h						
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supp								
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time di	uring the year?	8						
9	Sponsoring organizations maintaining donor advised funds.		_						
a	Did the organization make any taxable distributions under section 4966?	. }	9a						
b	Did the organization make a distribution to a donor, donor advisor, or related person?	}-	9b						
10	Section 501(c)(7) organizations. Enter:	l							
	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:		İ						
	Gross income from members or shareholders		1						
	Gross income from other sources (Do not net amounts due or paid to other sources against		ĺ						
-	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	Ì							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	Is the organization licensed to issue qualified health plans in more than one state?	ľ	13a						
	Note. See the instructions for additional information the organization must report on Schedule O.	Ţ							
b	Enter the amount of reserves the organization is required to maintain by the states in which the	l							
	organization is licensed to issue qualified health plans		1						
С	Enter the amount of reserves on hand . 13c								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	T	14a		X				
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b						
			Form	990 (2011				

36-4443093 CNT Energy Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 7 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X 3 of officers, directors, or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х 7h persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 X 8a a The governing body? X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses in Schedule O q Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12<u>a</u> 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 14 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent

<u> </u>	4.5	^	D :		
sec	tion	C.	DISC	losu	е

taxable entity during the year?

17 List the states with which a copy of this Form 990 is required to be filed None

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website X Upon request

a The organization's CEO, Executive Director, or top management official

b Other officers or key employees of the organization

exempt status with respect to such arrangements?

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, physical address, and telephone number of the person who possesses the books and records of the organization Adam Goldstein - 773-269-4014

2125 W. North Avenue, Chicago, IL 60647

Form 990 (2011)

Х

X

16a X

15a

15b

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter 0 in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per	box	not c unle	Pos heck ss pe	more rson	than is bot	h an	an compensation	(E) Reportable compensation	(F) Estimated amount of	
	week (describe hours for related organizations in Schedule O)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(1) Anne Evens	50.00							100.000		0 106	
Cheif Executive Officer	50.00	X	_	X	<u> </u>			108,960.	0.	9,106.	
(2) Robert Weissbourd	- 00	٦,		۱,,					_	^	
Chair	5.00	X		X			-	0.	0.	0.	
(3) Kathryn Tholin	2.00	x		x			ĺ	0.	121,750.	0.	
Secretary	2.00	^		^		⊢	 	- 0.	121,750.	0.	
(4) Anne Hallett Treasurer	1.00	х		x				0.	0.	0.	
(5) Susan Estes	1.00	^	<u> </u>	<u> </u>	-	╁	_	0.			
Director	1.00	X				1		0.	0.	0.	
(6) Chinwe Onyeagoro		-	┢	 	┢╾	 					
Director	1.00	х						0.	0.	0.	
(7) Elce Redmond					-	╁					
Director	1.00	х			1			0.	0.	0.	
(8) David Shryock						ı					
Director	1.00	x				l	ļ	0.	0.	0.	
(9) Patricia Saldana Natke											
Director	1.00	X				<u> </u>		0.	0.	0.	
						-					
			_							5 000 (0044	

Form 990 (2011)

Par	Section A. Officers, Directors, Tru	istees, Key Er	nplo	yee	s, a	nd I	High	<u>est</u>	Compensated Employ	ees (continuea)			
	(A)	(B)	(C)					(D)	(E)		(F)		
	Name and title	Average	Position (do not check more than one		Reportable	ole Reportable		ımate	d				
		hours per	box, unless person is both an		h an	compensation	compensation	am	ount c	of			
		week	⊢	cer an	dad	irecto	x/trus	tee)	from	from related	(other	
		(describe	Individual trustee or director						the	organizations	•	pensat	
		hours for	Ē	ا ا			ted		organization	(W-2/1099-MISC)		om the	
		related	ge	uste			ensa		(W-2/1099-MISC)		_	ınızatı	
		organizations	a tr	la t		o Se	co es					relate	
		in Schedule	Mgr	Institutional trustee	Officer	Key employee	Highest compensated employee	шех			orga	nızatıc	กร
		0)	르	E	€	ξ	₹5	S					
						l							
_			<u> </u>	<u> </u>			ļ						
			<u> </u>		_	⊢		<u> </u>					
				-			t						
					_		<u> </u>					_	
			-	-	-	H							
	-			_			一	\vdash					
					L								
			_		-	-	-						
1b	Sub-total	·				1	<u> </u>		108,960.	121,750.	9	7,10	06.
	Total from continuation sheets to Part V	II, Section A					•		0.	0.			0.
	Total (add lines 1b and 1c)	•					•		108,960.	121,750.		9,10	06.
2	Total number of individuals (including but r	ot limited to th	nose	liste	ed a	bov	e) wi	10 r	eceived more than \$100	0,000 of reportable			
	compensation from the organization												1
										,		Yes	No
3	Did the organization list any former officer,	director, or tr	uste	e, ke	у ег	mplo	oyee	, or	highest compensated e	mployee on			
	line 1a? If "Yes," complete Schedule J for s	uch individual									3]	X
4	For any individual listed on line 1a, is the su	um of reportab	le c	omp	ensa	atio	n and	d ot	her compensation from	the organization		I	
	and related organizations greater than \$15										4		X
5	Did any person listed on line 1a receive or							elat	ted organization or indiv	idual for services			
	rendered to the organization? If "Yes," com	plete Schedul	e J	for s	uch	per	son				5		X
Sec	tion B. Independent Contractors												

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Hollub Inc.	Energy efficiency	
1041 W. Jackson, Chicago, IL 60607	measures	570,199.
Custom Appliance Wholesalers	Energy efficiency	
300 W. North Avenue, Chicago, IL 60148	measures	469,287.
DNR Construction, Inc.	Energy efficiency	
5803 Edwards Drive, Oak Forrest, IL 60452	measures	399,264.
Shaw Environmental, Inc.		
444 N. Wells, Suite 602, Chicago, IL 60654	Consulting	326,602.
Lawndale H and A Bond, LP, 1333 N.	Energy efficiency	
Kingsbury, Suite 305, Chicago, IL 60642	measures	250,000.
2 Total number of independent contractors (including but not limited to those lister \$100,000 of compensation from the organization ▶ 10	ed above) who received more than	
		Form 990 (2011)

Ра	T VI	iii Statement of Never	iue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	a Federated campaigns	1a					
S a	k	Membership dues	1Ь					
Arr.	•	Fundraising events	10					
	•	d Related organizations	1d	504 430		1		
Ş.Ë		e Government grants (contribut	· ———	584,139.	ļ	ļ		
e ë	f	All other contributions, gifts, gran	1 1					
흥히		similar amounts not included abo	<u> </u>		-	!		
Contributions, Gifts, Grants and Other Similar Amounts	-	Noncash contributions included in lines	: 1a-1f \$		2,584,139.			
9		h Total. Add lines 1a-1f		Business Code				
اه	2 8	Fee for service	<u>.</u>	900099	6,750,850.	6.750.850		ł
Ş	z c			300,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Sel Sel								
e a		d						
Program Service Revenue	•	9						
₫ [f	All other program service reve	enue					
\perp		Total. Add lines 2a-2f			6,750,850.			
]	3	Investment income (including	dividends, inter-	est, and	2 021			2 021
		other similar amounts)			3,831.			3,831.
	4	Income from investment of ta	x-exempt bond p	proceeds				
	5	Royalties	(2 Dool	(v) Demonal			<u> </u>	
	e -	Gross rents	(i) Real	(II) Personal				
		Less: rental expenses			1			
		Rental income or (loss)						
		Net rental income or (loss)		•	1	1		[
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory]			
	t	Less: cost or other basis						:
		and sales expenses						
		Gain or (loss)	L	<u> </u>	1			
l		d Net gain or (loss)		<u> </u>				
enne	8 8	a Gross income from fundraisin	-					
ě		including \$	of	ļ				
Other Rev		contributions reported on line Part IV, line 18	•	1	i	1		ĺ
Ę	,	Less: direct expenses	a b		-			
Ò		c Net income or (loss) from fund		<u> </u>	1	ļ		
		a Gross income from gaming a	-					<u> </u>
	-	Part IV, line 19	а	ļ	j]
1	t	Less: direct expenses	b]			
	•	Net income or (loss) from gan	ning activities					
l	10 a	a Gross sales of inventory, less	returns					
		and allowances .	а					
ł		b Less: cost of goods sold	b	L	}	ŀ		
ł		Net income or (loss) from sale		<u> </u>			 	
ŀ	14 .	Miscellaneous Revenu a Interest from (Business Code	343.			343.
	11 a	Miscellaneous		900099	334.	334.		7-3.
J		s MIBCOII ancoub		1 2 2 3 3 3 3		"		
		d All other revenue		-	 			
		Total. Add lines 11a-11d			677.		***	
	12	Total revenue. See instructions.			9,339,497.		0.	4,174.
13200 01-23	9 -12							Form 990 (2011)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respon	ise to any question in this	S Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and			İ	
	organizations in the United States. See Part IV, line 21	298,307.	298,307.		
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members		<u>.</u>		 -
5	Compensation of current officers, directors,	110 066	110 000	4 050	0.07
	trustees, and key employees	118,066.	112,989.	4,250.	827
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 712 000	1 400 074	107 074	27 920
7	Other salanes and wages	1,713,968.	1,489,074.	187,074.	37,820
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)	202 022	176,531.	21 020	1 162
9	Other employee benefits	202,823.	118,795.	21,829.	4,463 2,848
10	Payroll taxes	135,874.	110,793.	14,231.	2,040
11	Fees for services (non-employees):	201 460		201 460	
a	Management	301,469.	1,750.	301,469.	
	Legal	12,817.	1,750.	12,817.	
	Accounting	14,01/•		14,01/.	· · · · · · · · · · · · · · · · · · ·
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	5,451,090.	5,382,203.	65,913.	2,974
g	Other	8,119.	7,989.	130.	2,314
12	Advertising and promotion	142,330.	124,288.	17,000.	1,042
13	Office expenses	221,225.	212,845.	8,380.	1,042
14	Information technology	221,223.	212,043.		
15	Royalties	209,224.	183,011.	21,777.	4,436
16	Occupancy	101,103.	85,214.	13,863.	2,026
17	Travel	101,103.	03,214.		2,020
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	4,004.	2,781.	1,215.	8
19	Conferences, conventions, and meetings	4,004.	2,701.	1,213.	
20	Interest				
21	Payments to affiliates	29,217.	27,112.	1,751.	354
22	Depreciation, depletion, and amortization	23,2110			224
23 24	Insurance Other expenses, Itemize expenses not covered				
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Program expense	93,647.	93,647.		
b	Staff development	44,299.	32,816.	11,483.	
c	Dues and subscriptions	27,105.	16,965.	10,140.	
d	Work by relad party	21,697.	21,697.		
e		3,074.	,	3,074.	
25	Total functional expenses. Add lines 1 through 24e	9,141,208.	8,388,014.	696,396.	56,798
<u>26</u>	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)			i	

Part X | Balance Sheet (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 1,974,443. 1,733,664. 2 2 Savings and temporary cash investments 33,350. 651,018. 3 3 Pledges and grants receivable, net 863,151. 553,055. Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instructions) Assets 7 Notes and loans receivable, net 8 Inventories for sale or use 1,325. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 351,961. 10a basis Complete Part VI of Schedule D 295,708. 76,754. 56,253. 10b 10c b Less: accumulated depreciation 11 Investments - publicly traded securities 11 144,976. 12 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 14 14 Intangible assets 90,506. 878,069. 15 15 Other assets. See Part IV, line 11 3,586,313. 3,470,251. Total assets, Add lines 1 through 15 (must equal line 34) 16 16 782,633. 1,189,012. 17 17 Accounts payable and accrued expenses 18 Grants payable 18 1,524,976. 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Liabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 901,746. Schedule D 2,307,609. 2,090,758. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here

X and complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** 1,278,704. 1,379,493. 27 27 Unrestricted net assets 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here

and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 1,278,704. 1,379,493. 33 33 Total net assets or fund balances 3,470,251.

3,586,313.

Total liabilities and net assets/fund balances

Form 990 (2011)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below.
 ► Attach to Form 990 or Form 990-EZ.
 ► See separate instructions.

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations. Complete Part I-A only.

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organiza	ations: Complete Part III.		·						
	ne of organization	•		E	Employer identification number					
	CNT Ene	ergy			36-4443093					
Pa	rt I-A Complete if the or	ganization is exempt unde	er section 501(c) o	or is a section 52	27 organization.					
2	Provide a description of the organi Political expenditures Volunteer hours	zation's direct and indirect politica	I campaign activities in	Part IV.	▶ \$					
Pa	rt I-B Complete if the or	ganization is exempt unde	r section 501(c)(3	3).						
	Enter the amount of any excise tax				▶ \$					
	Enter the amount of any excise tax	· ·			▶ \$					
	If the organization incurred a section				Yes No					
	Was a correction made?		•		Yes No					
b	If "Yes," describe in Part IV									
Pa	rt I-C Complete if the or	ganization is exempt unde	er section 501(c),	except section (501(c)(3).					
1	Enter the amount directly expende	d by the filing organization for sec	tion 527 exempt functi	on activities	▶ \$					
2	Enter the amount of the filing organ	nization's funds contributed to other	er organizations for sec	ction 527	_					
	exempt function activities				▶ \$					
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,									
	line 17b									
	Did the filing organization file Form				Yes L No					
5	Enter the names, addresses and e									
	made payments. For each organization contributions received that were p									
	political action committee (PAC). If				parate segregated fund of a					
		(b) Address	(c) EIN	(d) Amount paid fr	om (e) Amount of political					
	(a) Name	(b) Address	(C) EIN	filing organization						
				funds. If none, ente						
		}			delivered to a separate political organization.					
					If none, enter -0					
		1		<u> </u>	1					

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

Schedule C (Form 990 or 990-EZ) 2011

LHA

132041 01-27-12

Schedule C (Form 990 or 990-EZ) 2011	CNT E	nergy			36-4	4443093 Page 2				
Part II-A Complete if the org			mpt under sectio	n 501(c)(3) and fil	ed Form 5768					
(election under sec	tion 501	(h)).								
A Check 🕨 📖 if the filing organiza	ition belon	gs to an affi	liated group (and list in	n Part IV each affiliated	group member's nai	me, address, EIN,				
expenses, and sha	re of exces	s lobbying	expenditures).							
B Check 🕨 🔲 if the filing organiza	tion check	ed box A a	nd "limited control" pro	ovisions apply.		.,				
		oying Expe	nditures ints paid or incurred.	١	(a) Filing organization's	(b) Affiliated group totals				
(The term expen	uitures in		nits paid or incurred.	,	totals					
1a Total lobbying expenditures to infl	uence pub	lic opinion (grass roots lobbying)							
b Total lobbying expenditures to infl	b Total lobbying expenditures to influence a legislative body (direct lobbying)									
c Total lobbying expenditures (add I	ines 1a an	d 1b)								
d Other exempt purpose expenditur	es									
e Total exempt purpose expenditure	es (add line	s 1c and 1d	d)							
f Lobbying nontaxable amount. Ent	er the amo	unt from th	e following table in bot	th columns.						
If the amount on line 1e, column (a)	or (b) is:	The lob	bying nontaxable am	ount is:						
Not over \$500,000		20% of	the amount on line 1e							
Over \$500,000 but not over \$1,00	0,000	\$100,00	00 plus 15% of the exc	ess over \$500,000.						
Over \$1,000,000 but not over \$1,5	000,000	\$175,00	00 plus 10% of the exc	ess over \$1,000,000						
Over \$1,500,000 but not over \$17	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.									
Over \$17,000,000		\$1,000,	000.			}				
	-									
g Grassroots nontaxable amount (er	nter 25% o	f line 1f)								
h Subtract line 1g from line 1a. If zer										
i Subtract line 1f from line 1c. If zero	o or less, e	nter -0-								
j If there is an amount other than ze	ro on eithe	er line 1h or	line 1i, did the organiz	ation file Form 4720						
reporting section 4911 tax for this	year?					Yes No				
			eraging Period Under							
				n do not have to comp						
CC				es 2a through 2f on pa	ge 4.)	<u> </u>				
	Lobb	ying Expe	nditures During 4-Yea	ar Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2	2008	(b) 2009	(c) 2010	(d) 2011	(e) Total				
2a Lobbying nontaxable amount	-		-"		·					
b Lobbying ceiling amount										
(150% of line 2a, column(e))										
c Total lobbying expenditures										
d Grassroots nontaxable amount										
e Grassroots ceiling amount										
(150% of line 2d, column (e))										
f Grassroots lobbying expenditures										

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990-EZ) 2011 CNT Energy 36-444309 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b)
	e lobbying activity.	Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С		 			
d					
е	· ·				
f	, , ,				
g					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
1	Other activities?	 			***
j	Total. Add lines 1c through 1i	 			
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	-			
Do	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? It III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)	(5) or se	ction	
Pa	501(c)(6).		(5), 01 30		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1	3.5	X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	Х	- 17
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? rt III-B Complete if the organization is exempt under section 501(c)(4), sect		<u> </u>		X
1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members	d "No" OR 	(b) Part	III-A, lin	e 3, is
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	ical			
_	expenses for which the section 527(f) tax was paid).				
a	Current year		2a		
	Carryover from last year		2b		
	: Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess			
-	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Pa	rt IV Supplemental Information				
Con	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; F	Part II-A; and	Part II·B, lii	ne 1. Also, d	complete
	part for any additional information.				
				•	
		 . -			

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990. ➤ See separate instructions.

2011
Open to Public Inspection

Name of the organization

Employer identification number 36-4443093

	CNT_Energy_				36-4443093
Par	t I Organizations Maintaining Donor Advis	ed Funds o	or Other Similar Fun	ds or A	.ccounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, li	ne 6.			
		(a) D	onor advised funds	(b) Funds and other accounts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	n writing that th	he assets held in donor ac	lvised fun	ds
•	are the organization's property, subject to the organization'				Yes No
6	Did the organization inform all grantees, donors, and donor			be used o	only
Ŭ	for chantable purposes and not for the benefit of the donor				
	Impermissible private benefit?				Yes No
Pai		proanization an	swered "Yes" to Form 990). Part IV.	line 7
1	Purpose(s) of conservation easements held by the organiza			,	
•	Preservation of land for public use (e.g., recreation or		[]	historical	ly important land area
	Protection of natural habitat	oddodiion,	Preservation of a c		
	Preservation of open space		1 1 1000/144/0/1014 0		
•	Complete lines 2a through 2d if the organization held a qua	alified consens	ation contribution in the fo	rm of a co	onservation easement on the last
2		illied Coriserve		iiii oi a cc	orisorvation casement on the last
	day of the tax year.				Held at the End of the Tax Year
_	Total number of conservation easements				2a
a					2b
b	Total acreage restricted by conservation easements Number of conservation easements on a certified historic s	ta intura inalius	dad in (a)		2c
C	Number of conservation easements on a certified historic s			ioturo	20
d		Jailer 6/17/00	, and not on a mistoric stre	Cluie	2d
_	listed in the National Register	rologood ovtin	quiched or terminated by	the organ	<u> </u>
3	Number of conservation easements modified, transferred, i	eleaseu, extiir	guisiled, or terminated by	ine organ	ization during the tax
	year	acomont is lo	natad •		
4	Number of states where property subject to conservation education became the organization have a written policy regarding the p			of	
5	_		ing, inspection, nanding	OI .	Yes No
_	violations, and enforcement of the conservation easements Staff and volunteer hours devoted to monitoring, inspecting		a conconvation carament	e durina t	
6	Amount of expenses incurred in monitoring, inspecting, and				
7					
8	Does each conservation easement reported on line 2(d) ab	Ove sausiy ine	requirements or section	170(11)(4)(6	Yes No
_	and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conserve	ation casamon	to in its revenue and evne	nco stato	
9					
	include, if applicable, the text of the footnote to the organiz	ation's imanci	ai statements that descrit	982 1119 011	garlization's accounting to
Da	conservation easements. t III Organizations Maintaining Collections	of Art Hist	orical Treasures, or	Other	Similar Assets
	Complete if the organization answered "Yes" to For			•	
10	If the organization elected, as permitted under SFAS 116 (/			tement a	nd balance sheet works of art
14	historical treasures, or other similar assets held for public e				
				erance or	public service, provide, in rate XIV,
	the text of the footnote to its financial statements that described the organization elected, as permitted under SFAS 116 (ont and b	valance sheet works of art, historical
b	-				
	treasures, or other similar assets held for public exhibition,	education, or	research in furtherance of	public se	rvice, provide the following amounts
	relating to these items:				▶ ¢
	(i) Revenues included in Form 990, Part VIII, line 1				*
_	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, historical t			iciai gain,	provide
	the following amounts required to be reported under SFAS	. 116 (ASC 958	o) relating to these items:		▶ ¢
a	Revenues included in Form 990, Part VIII, line 1				*
Ь	Assets included in Form 990, Part X	•			\$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051

Schedule D (Form 990) 2011

	dule D (Form 990) 2011 CNT Ene		مالنم	torical Tr		or Other		4443093	
Ь	t III Organizations Maintaining C								
3	Using the organization's acquisition, accessing	on, and other record	s, cnec	k any of the	tollowing tha	at are a sigr	nificant use o	t its collection	items
_	(check all that apply):	_	. —						
a	Public exhibition	c			hange progr	ams			
Ь	Scholarly research	€	• 🗀	Other					
C	Preservation for future generations								
4	Provide a description of the organization's co	-		•	•	-		Part XIV.	
5	During the year, did the organization solicit o					ner sımılar a	ssets		
_	to be sold to raise funds rather than to be ma							└── Yes	No_
Pai	t IV Escrow and Custodial Arran	- '	ete if the	e organizatio	on answered	"Yes" to Fo	orm 990, Part	t IV, line 9, or	
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other as	ssets not in	cluded		
	on Form 990, Part X?							L Yes	L No
þ	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table					
								Amount	
C	Beginning balance						1c		
d	Additions during the year						1d		
0	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on Fo	orm 990, Part X, line	217					Yes	No No
b	If "Yes," explain the arrangement in Part XIV.								
Pai	t V Endowment Funds. Complete it	the organization ar	swered	"Yes" to Fo	rm 990, Part	IV, line 10.			
		(a) Current year	(b) F	nor year	(c) Two yea	rs back (d	Three years b	ack (e) Four	years back
1a	Beginning of year balance						•		
ь	Contributions								
	Net investment earnings, gains, and losses	-							
	Grants or scholarships								
	Other expenditures for facilities								
•	and programs		ĺ						
f	Administrative expenses						-		
g	End of year balance	, .		ıı.		-			
2	Provide the estimated percentage of the curr	ent year end haland	e (line 1	a column (s	all bold as:				
a	Board designated or quasi-endowment	ent year end balanc	%	g, column (c	a)) Held as.				
	Permanent endowment	%	— ′°						
	Temporarily restricted endowment	⁷⁰ %							
·	The percentages in lines 2a, 2b, and 2c shou								
22	Are there endowment funds not in the posse		ation the	at are hold a	and administr	arad for the	organization		
Ja	Are there endowment tunds not in the posse	SSION OF THE ORGANIZ	ation the	at ale rielu a	ino aominist	3180 101 1118	organization		Yes No
	(i) unrelated organizations								res No
	(ii) unrelated organizations (ii) related organizations							3a(i)	
_	• •		C-b	d. 15 DO				3a(ii)	
_	If "Yes" to 3a(ii), are the related organizations							3b	
4 Dai	Describe in Part XIV the intended uses of the TVI Land, Buildings, and Equipm								
Fai				T				1	
	Description of property	(a) Cost or o			or other		umulated	(d) Book	value
		basis (investr	nent)	Dasis	(other)	aepre	ciation		
	Land			<u> </u>	0 202		2 626		
	Buildings			5	8,283.		23,636.	34	,647.
	Leasehold improvements				- AAA				
	Equipment .				5,809.		6,416.		,393.
	Other				7,869.	1]	.5,656.		,213.
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	10(c))		. •	<u> </u>	,253.

Schedule D (Form 990) 2011

Sche	dule D (Form 990) 2011 CNT Energy			<u> 36-4</u>	<u>4443093</u>	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Finan	cial	State	ment	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1				
2	Total expenses (Form 990, Part IX, column (A), line 25)	2				
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<u> </u>			
4	Net unrealized gains (losses) on investments	4		<u>-</u>		
5	Donated services and use of facilities	5				
6	Investment expenses	6	l 			
7	Prior period adjustments	7				
8	Other (Describe in Part XIV.)	8				
9	Total adjustments (net) Add lines 4 through 8	9				
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10			-	
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Reve	nue p	er R	eturn	<u> </u>	
1	Total revenue, gains, and other support per audited financial statements			1	_	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		[
а	Net unrealized gains on investments					
b	Donated services and use of facilities 2b			- 1		
С	Recovenes of prior year grants 2c					
ď	Other (Describe in Part XIV)					
	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1		Ì	3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		ŀ			
-	Investment expenses not included on Form 990, Part VIII, line 7b		ł	ł		
b	Other (Describe in Part XIV.)					
	Add lines 4a and 4b			4c		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		ŀ	5		
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expe	enses	per		rn	
1	Total expenses and losses per audited financial statements		<u> </u>	1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		1	 -		
	Donated services and use of facilities 23.			1		
a	Prior year adjustments 2b		—			
	Other (Describe in Part XIV)					
_	Add lines 2a through 2d		ŀ	2e		
3	Subtract line 2e from line 1		ŀ	3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
	Investment expenses not included on Form 990, Part VIII, line 7b]		
b	Other (Describe in Part XIV)			ĺ		
	Add lines 4a and 4b			4c		
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		·	5		
	t XIV Supplemental Information					
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa					4, Part
	2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to pro	ovide a	ny add	litional	information.	
Pai	t X, Line 2: Fin 48 Footnote:					
CNT	Energy is exempt from income taxes under Section 5	01(c)(4)	of the	<u>.</u>
<u>I</u> nt	ernal Revenue Code. The tax exempt purpose of the	Org	ani	zat	ion and	the
		_				
nat	ure in which it operates is described above. The Or	gan	<u>iza</u>	tio	n contir	ues
<u>to</u>	operate in compliance with its approved tax-exempt	pur	pos	e. '	The	
Org	ganization's annual information and income tax retur	ns	fil	ed v	with the	<u> </u>
fec	leral and state governments are subject to examinati	on	for	th	e statut	ory
per	iod.					

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Open to Public Inspection

OMB No 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

Schedule I (Form 990) (2011) ² [Employer identification number 36-4443093 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Contribution recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ame and address of organization (b) EIN (c) IRC section or government and address of organization (b) EIN (d) Amount of cash grant and address of organization (b) EIN (d) Amount of cash grant and address of organization (b) EIN (d) IRC section (d) Amount of cash grant and address of organization (b) EIN (d) IRC section (d) Amount of cash grant and address of organization (d) IRC section (d) Amount of cash grant and address of organization (d) IRC section (d) Amount of cash grant and address of organization (d) IRC section (d) Amount of cash grant and address of organization (d) IRC section (d) Amount of cash grant and address of organization (d) IRC section (d) Amount of cash grant and address of organization (d) IRC section (d) Amount of cash grant and address of organization (d) IRC section (d) IRC section (d) Amount of cash grant and address of organization (d) IRC section (d) I Does the organization maintain records to substantiate the amount of the grants or assistance, the grants or assistance, and the selection o Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 298 307 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)(3) Enter total number of other organizations listed in the line 1 table 36-2967283 General Information on Grants and Assistance critena used to award the grants or assistance? CNT Energy Center for Neighborhood Technology 1 (a) Name and address of organization 2125 W. North Avenue Name of the organization Chicago, IL 60647 Part Pat =

Schedule I (Form 990) (2011) 132102 01-27-12

the

the Board of Directors and documented in

in the Organization's

board minutes. The grant was also recorded

accounting records

Grant was approved by

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

Name of the organization

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

Open To Public Inspection

Name of the organization	Energ	v						Employer 36 – 44			umber
			on 501(c)(3) and section	n 501(c)(4) organizatio	ns only).		30 11	100	<u> </u>	,
		-			line 25a or 25b, or For			t V, line 40)b.		
1										(c) Corr	ected?
(a) Name of disc	qualitied pers	son			(b) Description of	or transa	ction			Yes	No
				ļ							
										ļ	
											
							_			 	
2 Enter the amount of tax impo				n or dioqualifi	ad namana dugna tha	voor un	dor	•		لــــــا	
section 4958	sed on the C	oryanization	manager	s or disqualin	ed persons during the	year un	ue:	▶ \$			
3 Enter the amount of tax, if an	v. on line 2.	above, reim	bursed by	v the organiza	ation			S			
	,, o	25010,10	.50.055	, o. g							
Part II Loans to and/or	From Int	erested	Persons	<u> </u>					-		
Complete if the organ	nization ansv	wered "Yes'	on Form	990, Part IV,	line 26, or Form 990-E	Z, Part \	/, line 3				
(a) Name of interested		to or from		nal principal	(d) Balance due		ln .	(f) App	oroved ard or	(g) W	
person and purpose	the orga	nization?	l ar	mount		defa	ault?		ittee?	agreer	ment?
	То	From	<u> </u>			Yes	No	Yes	No	Yes	No
							ļ		ļ	ļ	
	 		ļ <u>-</u>			<u> </u>	ļ			ļļ	
			 		<u>-</u>		ļ	 		 	
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	 -	ļ <u> </u>	 -					_		├─┤	
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			 		· · · · · · · · · · · · · · · · · · ·			 			
	 		 								
Total			'	▶ \$	<u> </u>		-	1			
Part III Grants or Assist	tance Ber	nefiting l	nterest	ed Person	S.	•		-			
Complete if the organ	nization ansv	wered "Yes'	on Form	990, Part IV,	line 27.						
(a) Name of interested p	person		(b) Relat		en interested person	and				d type of	f
				tne or	ganization				assistar	.ce	
_ 											
							+				
							-				
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<u>-</u>							+				
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					 .		1				
LHA For Paperwork Reduction	Act Notice,	see the Ins	tructions	for Form 99	0 or 990-EZ.		Sched	ule L (For	m 990 c	r 990-E	Z) 2011

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

Internal Revenue Service	Attach to Form 990 or 990-EZ.		inspection
Name of the organization	CNT Energy		identification number 443093
Form 990, Par	rt III, Line 1, Description of Organization M	ission	:
pricing progr	cams, delivers energy efficiency retrofits in	resid	ential
and commercia	al buildings, and provides energy planning an	d data	
analysis serv	rices.		
Form 990, Par	ct VI, Section B, line 11: The 990 was review	ed by	the CFO
along with th	ne Executive Director/Board member. A copy wa	s then	provided to
the full Boar	ed for a final review and their approval.	<u></u> ,	
Form 990, Par	ct VI, Section B, Line 12c: The Board reaffir	ms the	
Organization	s conflict of interest policy annually when	each m	ember
completes a	conflict of interest disclosure form.		
Form 990, Pai	ct VI, Section B, Line 15: An annual review o	f the	Executive
Director is p	performed by the independent officers of the	board.	The
chairperson o	of the board provides a written report to the	board	to
substantiate	compensation, duties and goals for the comin	g year	•
The Executive	e Director conducts the annual performance re	view f	or all other
officers and	key employees.		
-	<u> </u>		_
Form 990, Par	ct VI, Section C, Line 19: The Organization m	akes i	ts
governing do	cuments, conflict of interest policy and fina	ncial	statements
available upo	on request.		·

Form 990, Part XI, line 5, Changes in Net Assets:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

Schedule O (Form 990 or 990-EZ) (2011)	Page
Name of the organization CNT Energy	Employer identification number 36-4443093
Impairment of equity investment	-97,500
Form 990, Page 1, #5	
CNT Energy employs thirty-seven people who are paid throu	gh Center for
Neighborhood Technology, a related tax exempt organizatio	n (FEIN
36-2967283).	
	·····

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2011 Open to Public Inspection OMB No 1545-0047

> Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▼ See separate instructions. ► Attach to Form 990.

Employer identification number 36-4443093 Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) CNT Energy Name of the organization Part

Direct controlling Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year) End-of-year assets e Total income € Legal domicile (state or foreign country) Primary activity Name, address, and ElN of disregarded entity Part II

Section 512(b)(13) controlled ŝ × × entity? Yes Direct controlling n/a 170(B)(1)(A) h/a status (if section 170(B)(1)(A) Public charity 501(c)(3)) Exempt Code section 501(C)(3) 501(C)(3) Î Legal domicile (state or foreign country) Illinois Illinois Strengthen underdeveloped Chicagoland, Inc - 68-0493308, 2125 W. North Affordable transportation Chicago neighborhoods through car sharing Primary activity 36-2967283, 2125 W. North Avenue, Chicago, -Go Alternative Transportation for Center for Neighborhood Technology Name, address, and EIN of related organization Chicago, IL 60647 60647 Avenue,

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

132161 01-23-12 LHA

Schedule R (Form 990) 2011

36-4443093

Schedule R (Form 990) 2011 CNT Energy

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year! Part III

(I) (k) General or Percentage managing) ownership partne?		e related	(h) Percentage ownership	!			Schedule R (Form 990) 2011
General or managing partner?	×	e or mor			-		R (Form
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	N/A	ecause it had on	(g) Share of end-of-year assets				Schedule
(h) Disproportionate allocations?		t IV, line 34 b	(f) Share of total income				
(9) Share of end-of-year assets	11,267.	to Form 990, Par	(e) Type of entity (C corp., S corp, or trust)				
(f) Share of total income	-60,040.	on answered "Yes"	(d) Direct controlling entity				
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	re]ated	plete if the organizati	(C) Legal domicile (state or foreign country)				27
(d) Direct controlling entity	3	ration or Trust (Com	(b) Primary activity			3	
(c) Legal domicile (state or foreign country)	11	as a Corpo					
(b) Primary activity	Residential real estate energy score development	ganizations Taxable iporation or trust duri	Z. c				
(a) Name, address, and EIN of related organization	myHomeEQ LLC - 36-2967283 2125 W. North Avenue Chicago, IL 60647	Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year)	(a) Name, address, and EIN of related organization				132162 01-23-12

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more r	elated organizations listed	ın Parts II-IV?	
a Receipt of (i) interest (ii) annuties (iii) royalties or (iv) rent from a controlled entity				Ta X
b Gift, grant, or capital contribution to related organization(s)				tb X
c Gift, grant, or capital contribution from related organization(s)				1c X
d Loans or loan guarantees to or for related organization(s)				X bt
 Loans or loan guarantees by related organization(s) 			•	1e X
f Sale of assets to related organization(s)				×
g Purchase of assets from related organization(s)				1g X
h Exchange of assets with related organization(s)				th X
i Lease of facilities, equipment, or other assets to related organization(s)				ı. X
j Lease of facilities, equipment, or other assets from related organization(s)				i- X
k Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			1k X
l Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)	٠		H X
$oldsymbol{m}$ Shanng of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uoi			th X
n Shanng of paid employees with related organization(s)				1n X
o Reimburcement paid to related organization(s) for expenses				×
	•			╀
		:		
q Other transfer of cash or property to related organization(s)				Tq X
r Other transfer of cash or property from related organization(s)	1			tr X
2 If the answer to any of the above is "Yes," see the instructions for information on v	who must complete t	his line, including covered	ormation on who must complete this line, including covered relationships and transaction thresholds.	
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	
(1) Center for Neighborhood Technology	П	2,610,472.		
(2) Center for Neighborhood Technology	Q	90,506.		
(3) Center for Neighborhood Technology	×	209,224.		
(4) Center for Neighborhood Technology	Z	301,469.		
(s) Center for Neighborhood Technology	В	298,307.		
132 163 01-23-12	28		gribed	Salada D (Farm 000) 2044

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions reparding exclusion for certain investment partnerships

	3	Percentage ownership		!			 									ļ								Schedule R (Form 990) 2011
		No No								T														or a
	9	General or managing partner? Yes No								I														R (F
	(1)	Disproper Code V-UBI General or Percentage worker amount in box 20 managing leading of Schedule K-1 partner ownership Yes No (Form 1065) Yes No																						Schedule
	Ξ	Dispropor- tonate allocations?								 I				_	•									
	=	Dispr alloca Yes	 		ļ	_	L			Ţ			4			L			<u> </u>	 	L			
	(6)	Share of end-of-year assets							-															
	(b)	Share of total income																						
	(e)	S01(c)(3) orgs? Yes No		 		 		_		‡	_	_		 _			 	_		 _	_	_		
s		K Solution	 			_				+			4			-			_	 _	 ┞		 	
stment partnership	(p)	Predominant income (related, unrelated, excluded from tax under section 512-514)																						
sion for certain inve	(c)	Legal domicile (state or foreign country)															-							
nuctions regarding exclu	(q)	Primary activity								j														
that was not a related organization. See instructions regarding exclusion for certain investment partnerships	(a)	Name, address, and EIN of entrty		The state of the s																				

132164 01-23-12

Schedule R	(Form 990) 2011	CNT	Energy	<u> 36-4443093</u>	Page 5
Part VII	(Form 990) 2011 Supplemental Infor	mation			
	Complete this part to pro	udo oddd	ional information for responses to questions on Schedule R (see instru	etione)	
	Complete this part to pro	vide addit	ional mornation for responses to questions of Schedule in (see institu	ctionsj.	
	· · · · · · · · · · · · · · · · · · ·				
 					
			<u></u>		
	••				
				 	
	·				
					

2011 DEPRECIATION AND AMORTIZATION REPORT FORm 990 Page $10\,$

•	4				
Current Year Deduction	1,980.	170.	14,566.	12,500. 12,500. 29,216.	
Current Sec 179	0	0	.0	0 0	
Accumulated Depreciation	21,656.	15,486.	141,850.	87,500. 87,500. 266,492.	
Basis For Depreciation	58,283.	17,869.	175,809.	100,000. 100,000. 351,961.	
* Reduction in Basis	• 0	0	0.	0 0	
Bus % Excl					
Unadjusted Cost Or Basis	58,283.	17,869.	175,809.	100,000. 100,000. 351,961.	
No	16	16	16	16	
Lıfe	000	7.00	5.00	4.00	
Method	ТЅ	SL	SL	SL	
Date Acquired	VariesSL	VariesSL	VariesSL	092707SL	
Description	Buildings LEasehold 3improvement * 990 Page 10 Total Buildings Furniture &	ZFurniture * 990 Page 10 Total Furniture & Fixtur Machinery &	Equipment * 990 Page 10 Total Machinery & Equipm Other	4Software * 990 Page 10 Total Other * Grand Total 990 Page 10 Depr	
Asset	М	N	ਜ	4	

(D) - Asset disposed

128102 05-01-11

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction