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Form **990-EZ**

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)

2012

OMB No 1545-1150

Department of the Treasury Internal Revenue Service Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
 The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A	For tl	ne 2012 calendar year, or tax year beginning 7/01 , 2012, and ending 6/30	, 2013
₽	Check Addres		mployer identification number
=	Name (CHENDOLVI DDOOKC DWA	36-401644 <u>1</u>
Ħ	Initial r	eturn 2700 STONEBRIDGE BLVD	elephone number
∺	Termin	INTIDODA TI COEO2	(630) 236-1898
Ħ	Amend	-4	roup Exemption
1		tion pending N	umber •
		unting Method: Cash Accrual Other (specify) ► H Check ► H Check ►	If the organization is not
			attach Schedule B (Form
		contradiction only only and context of the context	Z, or 990-PF).
(Chec	$K \triangleright X$ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization	and its gross receipts are
	norm	ally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-post ictions). But if the organization chooses to file a return, be sure to file a complete return.	card) may be required (see
		ines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	
	asset	s (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	¹ ►\$ 49,726.
Pa	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruct	ions for Part I)
		Check if the organization used Schedule O to respond to any question in this Part L	X
	1	Contributions, gifts, grants, and similar amounts received	1
	2	Program service revenue including government fees and contracts	2 43,901.
	3	Membership dues and assessments	3 4,500.
	4	Investment income	4
ı	5 a	Gross amount from sale of assets other than inventory	
١	b	Less. cost or other basis and sales expenses 5 b	
-	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c
	6	Gaming and fundraising events	
2		Gross income from gaming (attach Schedule G if greater than \$15,000)]
	b	Gross income from fundraising events (not including \$ of contributions]
		from fundraising events reported on line 1) (attach-Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b 1,325.	
	С	Less: direct expenses from gaming and fundraising events 6 c	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 1,325.
	7 a	Gross sales of inventory, less returns and allowances 7 a	
Ì	b	Less. cost of goods sold 7 b	1 1
-	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c
1	8	Other revenue (describe in Schedule O)	8
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 49,726.
	10	Grants and similar amounts paid (list in Schedule O)	10
	11	Benefits paid to or for members	11
	12	Salaries, other compensation, and employee benefits	12
	13	Professional fees and other payments to independent contractors	13
1	14	Occupancy, rent, utilities, and maintenance	14
	15	Printing, publications, postage, and shipping	15
1	16	Other expenses (describe in Schedule O) SEE SCHEDULE O	16 52,765.
	17	Total expenses. Add lines 10 through 16	17 52,765.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -3,039.
SE	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	
Ī	20	Other changes in net assets or fund balances (explain in Schedule O)	20
ASSETS	21	Net assets or fund balances at end of year Combine lines 18 through 20	
			1 1 14,7371.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2012)

Form	990.F7 (2012) CHENDOLVII DDOOR	C DEA		20	. 401	6441 Page 2
	t II Balance Sheets. (see the ins Check if the organization used Sch	structions for Part II.)	action in this Bort II		-401	<u>16441 Page 2</u> □
	Check if the organization used Sch	edule O to respond to any qu		(A) Beginning of ye	ar	(B) End of year
22	Cash, savings, and investments		ļ-	15,530	-	12,491.
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			15,530		12,491.
26	Total liabilities (describe in Schedule O	•		0		0.
27	Net assets or fund balances (line 27 of			15,530	27	12,491.
Par	Check if the organization used So	chedule O to respond to any o	rs for Part III.) question in this Part I	ıı <u>X</u>		Expenses uired for section 501
	s the organization's primary exempt purpose? SE				orgai) and 501(c)(4) nizations and section
Desc mea: bene	ribe the organization's program service a sured by expenses. In a clear and concis fited, and other relevant information for	accomplishments for each of it is manner, describe the servion each program title	its three largest progr ces provided, the nun	am services, as ober of persons	4947	(a)(1) trusts; optional thers)
28	FAMILY AND SCHOOL ACTIVIT	ries				
					_	
	(Grants \$) If ti	nis amount includes foreign g	rants, check here		28 a	17,778.
29	EDUCATIONAL TOOLS					,
	(Grants \$) If the	nis amount includes foreign g	rants check here		 29 a	12 575
30	FIELD TRIPS	- amount includes loreign g	rants, check here		23 a	13,575.
50	LIERD INIES				1	
					1	
		nis amount includes foreign g	· · · · · · · · · · · · · · · · · · ·		30 a	7,189.
31	Other program services (describe in Sc		* * * * *			
		nis amount includes foreign g	rants, check here	<u> </u>	31 a	5,783.
	Total program service expenses (add				32	44,325.
Par	tiv List of Officers, Directors, Check if the organization used Se	Trustees, and Key Emp	DIOYEES. List each one	even if not compensated	. (see th	ne instructions for Part IV.)
	Oneck if the organization used of	1	Ť	(d) Health benef	ıts,	
	(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	UII	oloyee eferred	(e) Estimated amount of other compensation
BAI	RBARA JORDAN			<u> </u>		
	PRESIDENT	1 0) ().	0.	0.
	NDA MALONE					
	-PRESIDENT	0	(0.	0.	0.
	LANIE PILAFAS	4			•	
	CE PRESIDENT	0)).	0.	0.
	DREA_PURCELLCRETARY	1 0).	0.	0.
MAI	RCIA BICKNER					
TRI	EASURER	0	().	0.	0.
		+				
		1				
		 				

Page 3

33 Dut the organization engage in any activity not previously reported to the IRS? If Yes. provide a detailed description of each activity in Schedule of the provide and detailed description of each activity in Schedule of Sententicions) 34 Were any significant changes made to the organization of powering documents? If Yes, stack a conformed copy of the amended documents if they reflect a change to the organization have unrelated toxiness gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? bif Yes, 10 inio 35a, has the organization fried a Form 990-T for the year? If Yo, provide an explanation in Schedule O. e Was the organization as section \$301(c)(4), 501 (c)(6), or 501(c)(6) organizations subject to section \$603(c) notice, or the organization of position of near sasted sturing the year? If Yes, complete applicable parts of Schedule N 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions and support of the year? If Yes, complete applicable parts of Schedule N 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions and support of the year? If Yes, complete applicable parts of Schedule N 38 a Dot the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such boars made in a prior year and still outstanding at the end of the tax year covered by this return? bif Yes, complete Schedule L, Part II and enter the total 39 Section 501(c)(2) organizations Enter amount of tax imposed on the organization during the year under year year year year year year year ye	Par	the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	ULE	U	X
aprovide a detailed description of each activity in Schedule O and were any aprilicate change rate to the enjorance growing observed it if ye, etail a centermed copy of the amended documents if they related a change to the organization have uncertainty and the complete of the complete	33			Yes	No
a charge to the organization's name Otherwise, epilian the change on Schedule (see instructions) 35a Dut the organization have undertable business goes imcored \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? bit "Yes," to the 35a, has the organization of a form 990-T for the year? If "No," provide an explanation in Schedule O c Was the organization a section \$501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section \$603(c)(4), 501(c)(5), or 501(c)(6) organization subject to section \$603(c)(6), organization subject to section \$603(c)(4), 501(c)(5), or 501(c)(6), organization subject to section \$603(c), ontice, reporting, and proxy tax requirements during the year? If "Yes," complete Sendedic P, Part III and organization of the asset during the year? If "Yes," complete springulate parts of Schedule N, 973 a Enter amount of political expenditures, direct or indirect, as described in the instructions ** 27a		provide a detailed description of each activity in Schedule O	33		X
33a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on inters 2, 6a, and 75, among others). bif "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O CWas the organization of Schedule (SQS) of \$10((SQS)) of \$30((SQS)) of	34		24		
bill "Yes," to line 35a, has the organization field a Form 990-T for the year? If "No," provide an explanation in Schedule O	35 a		34		X
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes, complete Schedule (c. Part III and on the assets during the year? If "Yes, complete Schedule (c. Part III and on the assets during the year? If "Yes, complete Schedule (c. Part III and on the assets during the year? If "Yes, complete Schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions by 137a		(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		X
reporting, and proxy tax requirements during the year? If Yes, complete Schedule (C, Part III 36 Dut the organization undergo a biquidation, dissolution, termination, or significant on the property of the p			35 b		
36 bit the organization undergo a floudation, desselution, termination, or significant disposition or het assets during the year? If "Yes," complete spincate parts of Schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions * 37a Enter amount of political expenditures, direct or indirect, as described in the instructions * 37a Enter amount of political expenditures, direct or indirect, as described in the instructions * 37a Enter amount involved any such locals made in a prior year and still outstanding at the end of the tax year covered by this return? 38a Did the organization borrow from, or make any loans to, any officer, director, fusition, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38b N/A 38a Endom 501(c)(7) organizations Enter amount of tax imposed on the organization during the year under: section 4911 * 0_; section 4912 * 0_; section 4955 * 0 38a Section 501(c)(3) and 501(c)(4) organizations. Both erroganization engage in any section 4955 * 0 38a Endom 501(c)(3) and 501(c)(4) organizations but the organization engage in any section 4956 * 0 38a Endom 501(c)(3) and 501(c)(4) organizations. Both erroganization engage in any section 4956 * 0 38a Endom 501(c)(3) and 501(c)(4) organizations. Both erroganization engage in any section 4956 * 0 38a N/A 39ction 501(c)(3) and 501(c)(4) organizations. Enter amount of tax inspeed on organization managers or disquilating begones of disquilating begones of disquilating begones of disquilating begones o	•	: Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes.' complete Schedule C. Part III	35 c		х
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0. b Did the organization for form 112P-DL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, frustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? bi i "Yes; complete Schedule L, Part II and enter the total amount moveled 39 Section 501(c)(2) organizations Enter: a initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 193a N/A 39b N	36				
b Did the organization file Form 1124-POL for this year? 38 a Did the organization form on Form was 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 tax year covered by this return? b If "Yes," complete Schedule L, Part II and enter the total amount involved 38 Section 501(c)(7) organizations Enter: a initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 e. Section 501(c)(3) organizations Did the organization engage in any section 4935 excess benefit on any of its prior forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II or organization engage in any section 4935 excess benefit on any of its prior forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II or organization engage in organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. C 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. O . d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. Part of the states with which a coy of this return is filed * NONE 42a The organizations. At any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If "Yes," complete Form 886-T. List the states with which a coy of this return is filed * NONE 42a The organizations. At any time during the calendar year, did the organization have an interest in or a significant organization with a country organization with a country organization. The properties of the second organization with a country organization with a calendar year, did the organization have an interest in organization from 900-EZ in II (36		X
38a Did the organization borrow from, or make any loans to, any officer, director, frustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? bit "Yes", complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations Enter: a Institution fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities section 4911 ▶ 0: section 4912 ▶ 0: section 4915 ▶ 0 b Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0: section 4915 ▶ 0 b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year of did rengage in an excess benefit transaction and prior year that has not been reported on any of its prior Forms 990 or 990-c27 if "Yes," complete Schedule L, Part I organization during the year under sections 4912, 4953, and 4958 ■ 0 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on inter 40c reimbursed by the organization of 10(c)(4) organizations. Enter amount of tax on inter 40c reimbursed by the organizations. At any time during the tax year, was the organization a party to a prohibited tax year the organization and the party of the		· · · · · · · · · · · · · · · · · · ·	276		
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a mount involved 3 Section 501(c)(7) organizations Enter: a initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 P 0, section 4912 P 0, section 4955 P 0. 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 did it engage in an excellent 4958 excess benefit transaction during the year or did it engage in an excellent 4958 excess benefit transaction or any of its prior Forms 990 or 990-ET; if Yes, complete Schedule, I. Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization imanagers or disqualitition 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. At any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If Yes, complete Form 8985-1 42a The organizations. At any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If Yes, complete Form 8985-1 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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 44a Did the organization maintain any donor advised funds during the year? If Yes, Form 990 must be completed instead of Form 990-EZ b Did the organization receive any payments for indoor tranning services during the year? If Yes, I provide an explanation in Schedule		any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		Х
39 Section 501(c)(?) organizations Enter: a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► 0; section 4912 ► 0; section 4955 ► 0 b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year or did it engage in an excess benefit transaction in an prior year that has not been reported on any of its prior Forms 990 or 990-E2? If Yes, complete Schedule L, Part I c 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 c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. e All 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 List the states with which a copy of this return is filed ► NONE. 42a The organization's which will be a complete Form 8886-T List the states with which a copy of this return is filed ► NONE. 42a The organization's which will be a complete Form 8886-T List the states with which a copy of this return is filed ► NONE. 42b A The organization's which are completed for organization and the organization of the organization organization organization and filing requirements for Form 10 F 99-221, Report of Foreign Bank and Financial Accounts; 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? 44a Did the organization nearties on order hospital facilities during the year? If Yes,' Form 990 must be completed instead of Form 99	ŀ		<u> </u>	<u> </u>	
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section 4911 *	ı	Gross receipts, included on line 9, for public use of club facilities 39 b N/F			
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year of did it engage in an excess benefit transaction during the year of did it engage in an excess benefit transaction and prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I c 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. At any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If 'Yes,' complete Form 898-61. List the states with which a copy of this return is filed in NONE 42a The organizations are of MARCIA BICKNER Located at 1 1471 GREENLAKE DR AURORA TL. Power of the during the calendar year, did the organization have an interest in or a signature or other authority or a financial account in a foreign country (such as a bank account, securities account, or other financial accounts)? If 'Yes,' enter the name of the foreign country.* 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 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 44 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Did the organization perset one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed inst	40 a				
on any of its prior Forms 990 or 990-E27 if "Yes," complete Schedule L. Part I c 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 0. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization by the organization. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40 e					
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managers or disqualified persons during the year under sections 4912, 4955, and 4958		on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		X
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization on the program of the program	•				
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 8985-1 42 a The organization's books are in care of P MARCIA BICKNER Located at P 1471 GREENLAKE DR AURORA II. b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country.* See the instructions for exceptions and filling 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? If 'Yes,' enter the name of the foreign country.* 43 Section 4947(a)(1) nonexempt charitable trusts filling 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 44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payment for indoor tanning services during the year? 44a	(Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed	-		
42 a The organization's books are in care of ► MARCIA BICKNER Located at ► 1471 GREENLAKE DR AURORA IL Lot Have at Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 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 44 a Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ c Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ c Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ d If 'Yes to line 44c, has the organization filed a Form 720 to report these payments? If 'Yes,' provide an explanation in Schedule O, young and Schedule R may need to be completed instead of Form 990-EZ (b) (13)? 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)			-		
42 a The organization's books are in care of > MARCIA BICKNER Located at > 1471 GREENLAKE DR AURORA II. ZiP + 4 > 60502 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country.* See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country.* 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes to line 44C, has the organization filed a Form 720 to report these payments? If 'Yes,' provide an explanation in Schedule 0 Add	•	shelter transaction? If 'Yes,' complete Form 8886-T	40 e	<u></u>	Х
books are in care of MARCIA BICKNER Located at * 1471 GREENLAKE DR AURORA II. b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U S? 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 44 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes,' to line 44c, has the organization filed a Form 720 to report these payments? If 'Yo,' provide an explanation in Schedule O 44a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).	41	List the states with which a copy of this return is filed NONE			
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? If 'Yes,' enter the name of the foreign country: 42c 42c 42c 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 44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 44 d 45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45 b		books are in care of MARCIA BICKNER Located at 1471 GREENLAKE DR AURORA II At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			No X
and enter the amount of tax-exempt interest received or accrued during the tax year 44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).	,	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		х
of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 44d 45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).		and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead		Yes	N/A N/A No
instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 44d 45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? 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)? 45a 45b 44b 44c 44d 45b		of Form 990-EZ	44 a		X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 44d 45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? 45a 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).		instead of Form 990-EZ			X
If 'No,' provide an explanation in Schedule O 44d 45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? 45a 45b 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).			44 c	<u> </u>	X
45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? 45 a 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).	•	In Yes to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44 d		╂┘
	-	a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45 a		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,' Form 990 and Schedule R may need to be completed instead of Form 990.F7 (see instructions)	45h	ļ	X
· • · · · · · · · · · · · · · · · · · ·				1	

Form 990	-EZ (2012) GWENDOLYN BROOKS PI	'A		36-401	6441	P	age 4
						Yes	No
can	the organization engage, directly or indired didates for public office? If 'Yes,' complete	ctly, in political campai Schedule C, Part I	gn activities on behalf o	or in opposition to	46		X
Part VI	Section 501(c)(3) organizations All section 501(c)(3) organization for lines 50 and 51.		uestions 47-49b and	d 52, and complete	the table	ss	
	Check if the organization used Schedul	e O to respond to any	question in this Part VI				П
47 Did:	the ergonization engage in labbiling activities	or have a coetion F01/h	alastica in effect divina	the tay year? If IVes !		Yes	No
	the organization engage in lobbying activities iplete Schedule C, Part II	or have a section sor(n)	election in effect during i	the tax year in fes,	47		X
	ne organization a school as described in se		•	dule E	48		Х
	the organization make any transfers to an	•	related organization?		49 a		X
	es,' was the related organization a section inplete this table for the organization's five high		vees (other than officers.	directors, trustees and ke	49 b		<u> </u>
emp	loyees) who each received more than \$100,00	00 of compensation from	the organization If there	ıs none, enter 'None.'			
	(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other com		
NONE _							
						_	
				· · ·			
	al number of other employees paid over \$1						
51 Com	nplete this table for the organization's five high opensation from the organization. If there i	nest compensated indepe s none, enter 'None '	endent contractors who ea	ach received more than \$	100,000 of		
(a)	Name and address of each independent contractor paid	more than \$100,000	(b) Type	of service	(c) Comp	ensatio	n
NONE							
							
	al number of other independent contractors	•	•	477.343			
	the organization complete Schedule A? N ritable trusts must attach a completed Sch		3) organizations and 49	4/(a)(1) nonexempt	► X Yes	. [No
Under penal true, correct,	ties of perjury, I declare that I have examined this return, , and complete Declaration of preparer (other than office	including accompanying scheol r) is based on all information of	dules and statements, and to the f which preparer has any knowl	e best of my knowledge and be edge	lief, it is		
C:	Signature of officer	ckne		2 - 22 -)	14		
Sign Here	MARCIA BICKNER	/	B	TREASURER	·		
	Type or print name and title Print/Type preparer's name	Preparers stinature	Date	T I I I	TIN		
Paid	RODERICK N. EVANS	BODERICK N. EV	VANS 2-17-	Check Lif	0016544	3	
Preparer	Firm's name RODERICK N. EVA				74 000	000	
Use Only		<u>STREET #303</u> 60563		Phone no (63	<u>74-3201</u> 0) 460-		
May the I	RS discuss this return with the preparer sl		uctions	1,10,0,10 (03	<u> </u>		No
			· -		Form 99		l

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name of the	he organization	•						Employe	r identifica	tion number		-
GWENI	OOLYN BROOKS PI	'A						36-40	01644	L		
Part I	Reason for Publ	ic Charity Status	(All organizations	must o	comple	te this	part.)	See ii	nstruct	ions.		
The org	anızatıon ıs not a prıva	te foundation becaus	e it is: (For lines 1 thro	ugh 11,	check c	nly one	box)					
1	A church, convention	of churches or assoc	ciation of churches des	cribed in	section	n 170(b)	(1)(A)(i)	•				
2	A school described in	n section 170(b)(1)(A)	(ii). (Attach Schedule E	Ξ)								
3	A hospital or a coope	erative hospital servic	e organization describe	ed in sec	ction 17	0(b)(1)(A	V)(iii).					
4	A medical research of	organization operated	in conjunction with a h	ospital (describe	d in sec	tion 17	0(b)(1)(A	A)(iii) Er	nter the hos	spital's	3
_	name, city, and state										•	
5	⊒ 170(b)(1)(A)(iv). (Coi	mplete Part II.)	college or university own			_		unit des	scribed in	section		
6			overnmental unit descri									
7	പ്പ in section 170(b)(1)(/	A)(vi). (Complete Par			-	iental uni	t or fron	the ger	neral pub	lic described	t	
8 [70(b)(1)(A)(vi). (Comple		•							
9 [>	→ related to its exempt full unrelated business taxable (Complete Part III.) — (Complete Part III.)	unctions — subject to co le income (less section 51	re than 33-1/3% of its sup ertain exceptions, and (2 1 tax) from businesses acqi) no mor uired by th	e than 3 ne organiz	3-1/3% o zation afte	f its sup r June 30	port from), 1975 S	and gross n gross in See section	receipts fronvestment in 509(a)(2).	m activ ncome	vities and
10			exclusively to test for pu									
11 [An organization organization supported organization supporting organization	is described in section	sively for the benefit of, to 509(a)(1) or section 509(s 11e through 11h	perform (a)(2) Se	the func ee sectio	tions of, on 509(a)	or carry ((3). Chec	out the p ck the bo	urposes ox that de	of one or mo escribes the	re pub type o	licly f
	a ∏Type I b	Type II c	Type III — Function	nally inte	grated		1 🗍 t	Гуре III	– Non-f	unctionally	ıntegr	ated
e [By checking this box other than foundation resection 509(a)(2).	, I certify that the org- managers and other tha	anization is not controllan one or more publicly s	led direction	tly or in	directly ations de	by one escribed	or more in section	disqual on 509(a)	ified persor (1) or	าร	
f	If the organization rece check this box	eived a written determir	nation from the IRS that i	s a Type	I, Type	II or Typ	e III sup	porting o	organizati	on,		
g	Since August 17, 200	06, has the organization	on accepted any gift o	r contrib	ution fr	om any	of the fo	llowing	persons	;7		
											Yes	No
	below, the gove	erning body of the sup	ontrols, either alone or opported organization?	togethe	r with pe	ersons d	escribe	d in (ii)	and (III)	11 g (i)		
	(ii) A family member	er of a person describ	bed in (i) above?							11 g (ii)		
			described in (i) or (ii) a							11 g (iii)		
h	Provide the following	information about the	e supported organization	on(s)								
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (i your go	s the ation in) listed in overning ment?	(v) Did yo the organi column (i supp	zation in	organız colur	s the ration in in (i) ed in the S ?	(vii) Amoun sup	t of mon port	etary
				Yes	No	Yes	No	Yes	No			
(A)												
(B)												
(C)											_	
(D)		-		-								
<u>(E)</u>				ļ				-			_	
Total												

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support	··					
	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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).						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support		•				
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.).		-				
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	rities, etc (see ins	structions)			12	
13	First five years. If the Form 990 is organization, check this box and	for the organizatio	n's first, second, th	nird, fourth, or fifth	tax year as a section	on 501(c)(3)	▶ 🗌
Sec	tion C. Computation of Pu	blic Support F	Percentage	-			•
14	Public support percentage for 20)12 (line 6, colum	in (f) divided by li	ne 11, column (f))	14	%
15	Public support percentage from	2011 Schedule A	, Part II, line 14			15	<u>%</u>
16 a	33-1/3% support test — 2012. If and stop here. The organization	the organization qualifies as a pu	did not check the blicly supported o	box on line 13, a organization	and the line 14 is 3	33-1/3% or more,	check this box
ŀ	o 33-1/3% support test — 2011. If and stop here. The organization	the organization of qualifies as a pu	did not check a boublicly supported of	ox on line 13 or 1 organization	6a, and line 15 is	33-1/3% or more,	check this box
17 a	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-	and-circumstance	s' test, check this	s box and stop he	re. Explain in Par	t IV how
ŀ	• 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-	and-circumstance	s' test, check this	s box and stop he	re. Explain in Par	
18	Private foundation. If the organi	zation did not ch	eck a box on line	13, 16a, 16b, 17a	a, or 17b, check th	iis box and see in	structions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the	box on line 9 of Part I or if the organization	on failed to qualify under Part I	I If the organization fails
to qualify under the tests listed	below, please complete Part II.)		

Sec	tion A. Public Support						
Calen	lar year (or fiscal yr beginning in) 🟲	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants')						
	received (Do not include any 'unusual grants ')	4,007.	4,612.	4,966.	4,163.	4,500	22,248.
2	Gross receipts from admis-	4,007.	4,012.	4, 500.	4,103.	4,500	
	sions, merchandise sold or	'	İ				
	services performed, or facilities furnished in any activity that is]				
	related to the organization's	F2 20C	FO 17F	CF 004	00 001	45 226	212 012
3	tax-exempt purpose Gross receipts from activities	53,396.	58,175.	65,994.	90,021.	45,226	312,812.
	that are not an unrelated trade or business under section 513					-	0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on	-					
5	its behalf The value of services or						0.
•	facilities furnished by a						
	governmental unit to the organization without charge.						0.
6	Total. Add lines 1 through 5	57,403.	62,787.	70,960.	94,184.	49,726	
	Amounts included on lines 1.	0., 100.	02,7071	.075001	31,2011	157 / 20	. 3337000.
	2, and 3 received from disqualified persons	0.	0.	0.	0.	0	.] 0.
ь	Amounts included on lines 2	<u> </u>	<u> </u>	<u> </u>	Ŭ.	<u> </u>	· · · · · ·
	and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 100						
	1% of the amount on line 13 for the year	0.	0.	0.	0.	0	. 0.
c	Add lines 7a and 7b	0.	0.	0.	0.	0	
8	Public support (Subtract line 7c from line 6)						335,060.
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in) >	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
_	Amounts from line 6	57,403.	62,787.	70,960.	94,184.	49,726	. 335,060.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
	Add lines 10a and 10b	0.	0.	0.	0.	0	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
13	Total support. (Add Ins 9, 10c, 11, and 12)	57,403.	62,787.	70,960.	94,184.	49,726	
14		is for the organiza					
Sec	tion C. Computation of Pu	blic Support P	ercentage				
15	Public support percentage for 20	112 (line 8, columr	n (f) divided by lin	e 13, column (f))	1	15	100.00 %
16	Public support percentage from	2011 Schedule A,	Part III, line 15			16	100.00 %
	tion D. Computation of Inv						
	Investment income percentage f		• •	-	mn (f))	17	
	Investment income percentage f					18	0.00
	33-1/3% support tests — 2012. If is not more than 33-1/3%, check	this box and stop	o here. The organ	ization qualifies a	as a publicly supp	orted organızatı	on 🟲 🛛
t	33-1/3% support tests - 2011. If line 18 is not more than 33-1/3%	the organization , check this box a	did not check a beand stop here. The	ox on line 14 or l e organization qu	ine 19a, and line ialifies as a public	16 is more than ly supported org	33-1/3%, and panization ►
20	Private foundation. If the organi	zation did not che	ck a box on line 1	14, 19a, or 19b, c	heck this box and	see instruction	s. •

	(Form 990 or 990-EZ) 2012	GWENDOLYN BRO	OKS PTA		36-4016441	Page 4
Part IV	Supplemental Informa Part II, line 17a or 17b (See instructions).	ation. Complete the c; and Part III, line	s part to provide 12. Also comple	e the explanations rete this part for any a	equired by Part II, line additional information	e 10;
			. –			
	-		·			
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	, 					
			. – – – – – – –			
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SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

GWENDOLYN BROOKS PTA	36-4016441
FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE	
EDUCATIONAL SUPPORT	·
FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL	BENEFIT CONTRACTS
(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,	DIRECTLY OR
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?	NO
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIREC	CTLY OR
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	NO NO
· 	
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12 SCH	IEDULE O - SUPPLEMENTAL INFORMATION	PAGE 2
IENT 00103	GWENDOLYN BROOKS PTA	36-401644
8/14		06:26PM
FORM 990-EZ, PART I, LI OTHER EXPENSES	NE 16	
ADMINISTRATIVE COSTS APPAREL EDUCATIONAL TOOLS FAMILY AND SCHOOL AG FIELD TRIPS		\$ 5,071. 1,052. 13,575. 17,778.
MISCELLANEOUS OTHER STUDENT ACTIVE STAFF APPRECIAATION	ITIES	7,189. 2,317. 3,042. 2,741.
FORM 990-EZ. PART III. I		AL \$ 52,765.
FORM 990-EZ, PART III, I STATEMENT OF PROGR		PROGRAM SERVICE
FORM 990-EZ, PART III, I STATEMENT OF PROGR OTHER STUDENT ACTIVE	LINE 31 AM SERVICE ACCOMPLISHMENTS DESCRIPTION GRANTS	PROGRAM SERVICE
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