

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



_{Form} **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 627, or 4947(a)(1) of the internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047 Open to Public

Inspection

Department of the Treatury Internal Revenue Service

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

A	POF			COLUMN YOUR YOU		306		<u> </u>	o anoma 1	UN085	د002 و			
8	Check if applicable: Address change Name change		Please case IPE label or	CENTRO	sation SIN F	PONTERA	15				yer Identification number 353 7/4/			
H			print or	Number and str	est (or P.O. bo	t if mail is not det	ivered to stree	nt addre	ea) Room/suite	E Talept	ione number			
ñ	I make return 481/ W ARMITUC						l	()					
	Final return Armended return CHICAGO 1L 60639 - 3212/16						• —	F Accounting method: ☑ Cook ☐ Account ☐ Other (apacity) ▶						
H				otion 501(c)(2) or					H and I are n		to section 527 organizations.			
ч	Applica	ution pending		usts must attach a					High is these	group retur	n for affikates? 🔲 Yee 🔲 No			
a	Websi	the D							HON I Yes,	enter numb	per of efficience >			
									H(c) Are all					
J	Organ	ization type	(check	only one) ▶ 🔲 !	501(c) () ◀	(insert no.) L 4	947(e)(1) or L	527	• •		t. See instructions.)			
K				organization's gros					H(d) is this a	seperate retu	perate return filed by an in covered by a group ruling?			
				return with the IRS onens thout muse						Exemption N	•			
_											the organization is not required			
L	Gross	receipts:	Add line	es 6b, 8b, 9b, an	d 10b to line	12 ▶					form 990, 990-EZ, or 990-PF).			
Р	art I	Rever	we, E	xpenses, and	Changes i	n Net Asset	s or Fund	Bala	nces (See p	page 18 d	of the instructions.)			
_	1			gifts, grants, a							!			
				support			18	16	9.412.10)				
	h	Indirect		• •			16	T						
	6		•	ontributions (gr	ants)		10	13	1,010.2	6	_			
	d			1a through 1c)	· ·		noncash \$		}	1d	200,422,36			
	2	•		e revenue inclui				om Par	t VII. line 93)	2	1339,00			
	3	Member	anto d	uen and took	menteno.	١				3	0			
	4	Interest	on sav	ings and temp	orary cast in	vestments				. 4	0			
	5	Dividend	bng et	Interest from s	10	1				. 5	<u> </u>			
	6a	Gross re	enta S	1.705 \$ 3	· · · / E	1	60							
	6	Lass: m	ntal ár	nenses -		1	66	<u> </u>						
	C	Net rent	al inco	m py (1053) [34]	ibtract ine e	to from line 6	a)			. <u>6c</u>				
2	7	Other in	vestific	ent income (det	ioribe >					7				
ŧ	84	Gross a	mount	from sales of a	issets other	(A) Securiti	•) Other					
ş	}	than inv	entory				8a	75	929,05					
_	ь	Less: cor	st or ott	ner basis and sak	as expenses,		85	 	0					
	C	Gain or	(loss) (attach schedule	•)	L	8c	1.75	1,929.05	_	75,929.05			
	d	_	-	s) (combine line						8d	13,761.00			
	9	Special e	vents a	nd activities (attac	ch achedule). I	fany amount is	from gamin	g, ched	k here 🕨 🗀					
	•			(not including \$				ė						
	١.			aported on line										
	t .			penses other ti			96	<u> </u>		90	0			
	•			(loss) from spe	•					9c				
				inventory, less	returns and	allowances .	10a	_						
	b		_	oods sold	• • • • • • • • • • • • • • • • • • •		. —			10c	0			
	11					-	-	ine 10b from line 10a).		11	0			
	12			(from Part VII, I add lines 1d, 2,		8d 9c 10c	and 11\			12				
								<u></u>		13	277,690.4/			
2	13	-		es (from line 44	• •	•				14				
Ē	14			nd general (from						15				
Experi	15 16		undraising (from line 44, column (D))						18					
-	17			(add lines 16						17				
<u>,</u>										18				
Not Assets			-	cit) for the year	-					-				
3		, in the second					20							
₹				nd balances at e						21				
						wind (,, 0310			411				

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

20	- 44					
22	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) .					
	(cash \$)	22	 		_	
23	Specific assistance to individuals (attach schedule)	23	 		-	
24	Benefits paid to or for members (attach schedule).	24	 	122.00	12640	2 - 2 2
25	Compensation of officers, directors, etc	25	69495	62199	5559	1737
26	Other salaries and wages	20	90660	86891	27/9	1050
27	Pension plan contributions	27	ļ		 	
28	Other employee benefits	28	100	 	1.00	
29	Payroll taxes	29	18600	16615	1489	496
30	Professional fundraising fees	30	90	0	10	0
31	Accounting fees	31	44.3	1-35.13	 	
32	Legal fees	32	27/12	27112	1 0	0
33	Supplies	33	900	700	200	0
34	Telephone	34	3824	1643	984	197
35	Postage and shipping	35	1308	7/6	222	370
36	Occupancy	36	31404	28/07	2512	785
37	Equipment rental and maintenance	37	3249	3249	0	0
38	Printing and publications	38	3716	3716	0	0
39	Travel	39	13079	13079	0	0
40	Conferences, conventions, and meetings	40	 	 	 	
41	Interest	41	_		 	ļ
42	Depreciation, depletion, etc. (attach schedule)	42			 	}
43	Other expenses not covered above (itemize): a	438		70000	 	<u> </u>
b	Other expenses not covered above (normize): a By, LDING RC/GIK & MCINICACE	43b	10710	9897	813	0
_		430	 	 		
C		43d		1)	1
d	.,			 	 	
-		430				
d 44 Joint Are an	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15. Costs. Check (ii) If you are following SOP y joint costs from a combined educational campaign	44 98-2. and fu	undraising solicitation		ogram services? .	
d e 44 Joint Are an if "Yes (iii) the Part What	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13—15. Costs. Check	43e 44 98-2. 1 and fits \$	undraising solicitation (ii) tr (and (iv) tr (shments (See page)	on reported in (B) Properties amount allocated the amount allocated page 25 of the interest of	ogram services? . It to Program services to Fundraising \$ nstructions.)	Program Service Expenses (Required for 501(c)(3) and
d e 44 Joint Are an if "Yes (iii) the Part What All org of clies organi	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13—15. Costs. Check	43e 44 98-2. and fits \$	undraising solicitation (ii) tr (and (iv) tr (shiments (See promotes in a clear areasts that are not in also enter the amou	on reported in (B) Properties amount allocated the amount allocated page 25 of the interest of	ogram services?	Program Service
Joint Are an if "Yes (iii) the Part What All organizations	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15. Costs. Check	43e 44 98-2. and fits \$	indraising solicitation ; (ii) tr ; and (iv) tr ishments (See parts) ments in a clear area that are not in also enter the amount crund out	on reported in (B) Properties amount allocated the amount allocated page 25 of the interpretation of concise manner measurable. (Section and of grants and allow 200 200 200 200 200 200 200 200 200 20	ogram services? . It to Program services to Fundraising \$ nstructions.) State the number in 501(c)(3) and (4) ocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(s)(1) trusts but optional for
Joint Are an if "Yes (iii) the Part What All organizations	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15. Costs. Check	43e 44 98-2. and fits \$	indraising solicitation ; (ii) tr ; and (iv) tr ishments (See parts) ments in a clear area that are not in also enter the amount crund out	on reported in (B) Properties amount allocated the amount allocated page 25 of the interpretation of concise manner measurable. (Section and of grants and allow 200 200 200 200 200 200 200 200 200 20	ogram services? . It to Program services to Fundraising \$ nstructions.) State the number in 501(c)(3) and (4) ocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(s)(1) trusts but optional for others)
Joint Are an if "Yes (iii) the Part What All organizations	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15. Costs. Check P I if you are following SOP y joint costs from a combined educational campaign of enter (I) the aggregate amount of these joint costs amount ellocated to Management and general \$ III Statement of Program Service Accides the organization's primary exempt purpose? anizations must describe their exempt purpose anits served, publications issued, etc. Discuss ach zations and 4947(a)(1) nonexempt charitable trusts and 4947(a)(1) nonexempt charitable trusts and 4947(a)(1) onexempt charitable trusts.	43e 44 98-2. and fits \$ omplies omplies must a 2, 2, 3, 3, 4, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,	indraising solicitation: (ii) the control ishments (See parts that are not in also enter the amount of the control ishments (See parts that are not in also enter the amount of the control is the contro	on reported in (B) Properties amount allocated the amount allocated page 25 of the interpretation of concise manner measurable. (Section and of grants and allow 200 200 200 200 200 200 200 200 200 20	ogram services? . It to Program services to Fundraising \$ nstructions.) State the number in 501(c)(3) and (4) ocations to others.)	Program Service Expenses (Required for 501(c)3) and (4) orgs, and 4947(s)(1) trusts but optional for others)
Joint Are an if "Yes (iii) the Part What All organical Clies organical Control	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15. Costs. Check ► ☐ If you are following SOP y joint costs from a combined educational campaign, enter (I) the aggregate amount of these joint costs amount allocated to Management and general \$ amount allocated to Management and general \$ III Statement of Program Service Access the organization's primary exempt purpose? anizations must describe their exempt purpose ants served, publications issued, etc. Discuss ach zations and 4947(a)(1) nonexempt charitable trusts \$ TIZEN NORKSECPS Which ASSISTING THEM IN FILE \$ ASSISTING THE ASSISTING THEM IN FILE \$ ASSISTING THE ASSISTI	43e 44 98-2. and fits \$ omplies were must a series were must a s	indraising solicitation: (ii) the care in a clear are sents that are not not also enter the amount of the care in a clear are and allocations	on reported in (B) Property and in the amount allocated the amount allocated page 25 of the interpretation of concise manner measurable. (Section and of grants and allocated page 25 of the interpretation of grants and allocated page 27 of the interpretation of grants and allocated page 27 of the interpretation of grants and allocated page 27 of the interpretation of grants and allocated page 27 of the interpretation of grants and allocated page 27 of the interpretation of grants and allocated page 25 of the interpretation of gra	ogram services? Ito Program services Ito Fundraising \$ Instructions.) State the number on 501(c)(3) and (4) ocations to others. Opter Itensia, p	Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(s)(1) trusts but optional for
Joint Are an H "Yes (III) the Part What All organic organics	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13–15. Costs. Check ▶ ☐ If you are following SOP y joint costs from a combined educational campaign a," enter (I) the aggregate amount of these joint costs amount allocated to Management and general \$ III Statement of Program Service Accis the organization's primary exempt purpose? anizations must describe their exempt purpose ants served, publications issued, etc. Discuss ach exations and 4947(a)(1) nonexempt charitable trustally a first and 4947(a)(1) nonexempt charitable trustally a first and 4947(a)(1) and a first an	43e 44 98-2. and futs \$	indraising solicitation in and (Iv) the shift and (Iv) the shift are not in also enter the amount of the shift are not in also enter the amount of the shift are not in also enter the amount of the shift are not in also enter the amount of the shift are not in also enter the amount of the shift are not in also enter the amount of the shift are not in a	on reported in (B) Property of the amount allocated the amount allocated page 25 of the interpretation of concise manner measurable. (Section and of grants and allocated page 25 of the interpretation of grants and allocated page 25 of grants and allocate	ogram services? Ito Program services Ito Fundraising \$ Instructions.) State the number on 501(c)(3) and (4) ocations to others. Opter Itensia, p	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(s)(1) trusts but optional for others)
Joint Are an if "Yes (III) the Part What All organic organic b	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13–15. Costs. Check ► ☐ If you are following SOP y joint costs from a combined educational campaign of the aggregate amount of these joint costs amount ellocated to Management and general \$ III Statement of Program Service Accides the organization's primary exempt purpose? anizations must describe their exempt purpose anits served, publications issued, etc. Discuss ach exations and 4947(a)(1) nonexempt charitable trusts and 4947(a)(1) nonexempt charitable trusts.	43e 44 98-2. and fits \$	indraising solicitation in (Iv) the shift and (Iv) the shift are not in a clear are that are not in also enter the amount of the shift are not in also enter the amount of the shift are not in also enter the amount of the shift are not in also enter the amount of the shift are not in a shift are n	on reported in (B) Proper amount allocated the amount allocated page 25 of the interest of the interest of grants and allocated page 25 of the interest of grants and allocated page 25 of the interest of grants and allocated page 25 of the interest of grants and allocated page 25 of gra	ogram services? Ito Program services Ito Fundraising \$ Instructions.) State the number of 501(c)(3) and (4) Instructions to others. Optic Ito Fundraising \$ Ito Fundraising	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(s)(1) trusts but optional for others)
Joint Are an if "Yes (III) the Part What All organic organic b	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13–15. Costs. Check ► ☐ If you are following SOP y joint costs from a combined educational campaign of the aggregate amount of these joint costs amount ellocated to Management and general \$ III Statement of Program Service Accides the organization's primary exempt purpose? anizations must describe their exempt purpose anits served, publications issued, etc. Discuss ach exations and 4947(a)(1) nonexempt charitable trusts and 4947(a)(1) nonexempt charitable trusts.	43e 44 98-2. and fits \$	indraising solicitation in (Iv) the shift and (Iv) the shift are not in a clear are that are not in also enter the amount of the shift are not in also enter the amount of the shift are not in also enter the amount of the shift are not in also enter the amount of the shift are not in a shift are n	on reported in (B) Proper amount allocated the amount allocated page 25 of the interest of the interest of grants and allocated page 25 of the interest of grants and allocated page 25 of the interest of grants and allocated page 25 of the interest of grants and allocated page 25 of gra	ogram services? Ito Program services Ito Fundraising \$ Instructions.) State the number of 501(c)(3) and (4) Instructions to others. Optic Ito Fundraising \$ Ito Fundraising	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and (957(s)(1) trusts but optional for others) 157, 967 29112
Joint Are an if "Yes (III) the Part What All organic organic b	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15. Costs. Check	43e 44 98-2. and fits \$	indraising solicitation and (fv) the shiftenests (See) ments in a clear area to that are not in also enter the amount of the shiftenest	on reported in (B) Proper amount allocated the amount allocated the amount allocated the amount allocated page 25 of the interest of the interest of grants and allocated the interest of grants and grants and grants and grants and grants are grants and grants and grants and grants and grants and grants are grants and grants are grants and grants and grants are grants are grants and grants are grants and grants are grants are grants and grants are grants are grants are grants are grants are grants and grants are grants are grants are grants are g	ogram services? I to Program services I to Fundraising \$ Instructions.) State the number on 501(c)(3) and (4) ocations to others.) Opte ///////////////////////////////////	Program Service Expenses [Required for 501(c)(3) and (4) orgs and 4947(s)(1) trusts but optional for others) 157, 967
Joint Are an if "Yes (III) the Part What All organic organic b	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15. Costs. Check	43e 44 98-2. and fits \$	indraising solicitation and (fv) the shiftenests (See) ments in a clear area to that are not in also enter the amount of the shiftenest	on reported in (B) Proper amount allocated the amount allocated the amount allocated the amount allocated page 25 of the interest of the interest of grants and allocated the interest of grants and grants and grants and grants and grants are grants and grants and grants and grants and grants and grants are grants and grants are grants and grants and grants are grants are grants and grants are grants and grants are grants are grants and grants are grants are grants are grants are grants are grants and grants are grants are grants are grants are g	ogram services? I to Program services I to Fundraising \$ Instructions.) State the number on 501(c)(3) and (4) ocations to others.) Opte ///////////////////////////////////	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and (957(s)(1) trusts but optional for others) 157, 967 29112
Joint Are an if "Yes (III) the Part What All organization organization b	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13–15. Costs. Check ▶ ☐ If you are following SOP y joint costs from a combined educational campaign of the aggregate amount of these joint costs arount allocated to Management and general \$ III Statement of Program Service Accis the organization's primary exempt purpose? anizations must describe their exempt purpose? anizations must describe their exempt purpose ants served, publications issued, etc. Discuss ach exations and 4947(a)(1) nonexempt charitable trusts. TIZEN NORKSHOP SWAID AND THE SAME ASSISTING THEM IN FILE ASSISTING THEM IN FILE ASSISTING THEM IN FILE ASSISTING THEM IN FILE ASSISTING AND CITIZEN CORPORATION, SCIENCE TO A CORPORATION, SCIENCE TO A CORPORATION, SCIENCE ASSISTING AND CITIZEN CORPORATION, SCIENCE ASSISTING AND CITIZEN CORPORATION, SCIENCE ASSISTING AND AND CITIZEN CORPORATION AND CITIZEN	43e 44 98-2. and fits \$	indraising solicitation and (Iv) the shift are not in also enter the amount of the shift are not in also enter the amount of the shift are not in also enter the amount of the shift are not in also enter the amount of the shift are not in also enter the amount of the shift are not in and allocations Applications Applications Applications Applications Applications	on reported in (B) Proper amount allocated the amount allocated the amount allocated the amount allocated page 25 of the interest of the interest of grants and allocated the interest of grants and grants and grants and grants and grants are grants and grants and grants and grants and grants and grants are grants and grants are grants and grants and grants are grants are grants and grants are grants and grants are grants are grants and grants are grants are grants are grants are grants are grants and grants are grants are grants are grants are g	ogram services? I to Program services I to Fundraising \$ Instructions.) State the number on 501(c)(3) and (4) ocations to others.) Opte ///////////////////////////////////	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and (957(e)(1) trusts but optical for others) 157, 967 29112
Joint Are an if "Yes (iii) the Part What All organization organization of clies organization org	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13–15. Costs. Check ▶ ☐ If you are following SOP y joint costs from a combined educational campaign of the aggregate amount of these joint costs arount allocated to Management and general \$ III Statement of Program Service Acciding the organization's primary exempt purpose? anizations must describe their exempt purpose? anizations must describe their exempt purpose ants served, publications issued, etc. Discuss ach exations and 4947(a)(1) nonexempt charitable trusts. TIZEN NORKSHOP WHITE ASSISTING THEM IN FILL ASSISTING AND CITIZEN COLL BILLST, CERVICAL, 2002. BILLST, 2002.	43e 44 98-2. and fits \$ chievenievements is serants irants irants irants irants	indraising solicitation and (Iv) the same (on reported in (B) Proper amount allocated the amount allocated the amount allocated the amount allocated page 25 of the interest of the interest of grants and allocated the interest of grants and grants and grants and grants and grants are grants and grants and grants and grants and grants and grants are grants and grants are grants and grants and grants are grants are grants and grants are grants and grants are grants are grants and grants are grants are grants are grants are grants are grants and grants are grants are grants are grants are g	ogram services? I to Program services I to Fundraising \$ Instructions.) State the number on 501(c)(3) and (4) ocations to others.) Opte ///////////////////////////////////	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and (9)(7(e)(1) trusts but optional for others) 157, 967 29112
Joint Are an if "Yes (iii) the Part What All organization organization of clies organization org	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13–15. Costs. Check ▶ ☐ If you are following SOP y joint costs from a combined educational campaign of the aggregate amount of these joint costs arount allocated to Management and general \$ III Statement of Program Service Acciding the organization's primary exempt purpose? anizations must describe their exempt purpose? anizations must describe their exempt purpose ants served, publications issued, etc. Discuss ach exations and 4947(a)(1) nonexempt charitable trusts. TIZEN NORKSHOP WHITE ASSISTING THEM IN FILE ASSISTING THEM IN FILE COL ASSISTING AND CITIZEN COL BIERST, CERVICAL, 2008-240 AND APPLICATION, SCIENTIST CERVICAL, 2008-240 AND APPLICATION, SCIENTIST CERVICAL, 2008-240 AND APPLICATION, SCIENTIST CERVICAL, 2008-240 APPLICATION, SCIENTIST AND APPLICATION AND APPLICATION AND APPLICATION APPLICA	43e 44 98-2. and fits \$ chievenievements: Sirants Frants rants rants	indraising solicitation and (Iv) the shift and (Iv) the shift are not in also enter the amount of the shift are not in also enter the amount of the shift are not in also enter the amount of the shift are not in also enter the amount of the shift are not in also enter the amount of the shift are not in and allocations and allocations Solutions and allocations and allocations and allocations and allocations	on reported in (B) Proper amount allocated the amount allocated the amount allocated page 25 of the indicated page 25 of	ogram services? I to Program services I to Fundraising \$ Instructions.) State the number on 501(c)(3) and (4) ocations to others.) Opte ///////////////////////////////////	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and (9)(7(e)(1) trusts but optional for others) 157, 967 29112

-	n 500 (
È	ir t. IV	Balance Sheets (See page 25 of the instructions.)		, .	
Ī	Note:	Where required, attached schedules and amounts within the desc column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year	
	45	Cashnon-interest-bearing		2315	45	7159
	46	Savings and temporary cash investments			46	
			· · · · · · · · · · · · · · · · · · ·			
	478	Accounts receivable				
	Ь	Less: allowance for doubtful accounts . 47b			470	<u></u>
] _					
	480	Pledges receivable				
	b	Less: allowance for doubtful accounts . 48b			480	
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key	employees		l	İ
	[(attach schedule)			50	
	518	Other notes and loans receivable (attach				
됳	1	schedule)			24-	
3	1 -	Less: allowance for doubtful accounts			510	
_	52	Inventories for sale or use	· · · · }		53	
	53	Prepaid expenses and deferred charges	المنت شاخم ا		54	
	54		OST CI PMIV			
	508	investments—land, buildings, and equipment: basis	1			
	1 .	Less: accumulated depreciation (attach				
	"	schedule)	i i		56c]
	56				56	
	57a	Land, buildings, and equipment: basis . 57a 300	000			
	Ь	Less: accumulated depreciation (attach	1			
	ļ	schedule)			_	300,000
	58	Other assets (describe BUILDING DOWATED (300	1,000)		58	
	50	Total assets (add lines 45 through 50) (much equal line 74)			59	307159
_		Total assets (add lines 45 through 58) (must equal line 74)			60	20/13/
	61	Accounts payable and accrued expenses	· · · F		61	
	62	Deferred revenue	-		62	
#	63	Loans from officers, directors, trustees, and key employe				· · · · · · · · · · · · · · · · · · ·
\$	~	schedule)			63	
	64a	Tax-exempt bond liabilities (attach schedule)			64a	
]		Mortgages and other notes payable (attach schedule)			64b	
	65	Other liabilities (describe ▶)		65	
		Total Habilitates (and these OO these and OC)	1			
-	66	Total liabilities (add lines 60 through 65)			66	
ì	Orga	inizations that follow SFAS 117, check here > and com	plete lines			
*	67	67 through 69 and lines 73 and 74. Unrestricted			67	
	68	Temporarily restricted			68	
3	69	Permanently restricted			69	
and Belances	Orga	nizations that do not follow 8FAS 117, check here ▶ ☐ ar				
₹ ;	~ . #4	complete lines 70 through 74.	~	i		
8	70	Capital stock, trust principal, or current funds		70		
Net Assets or		Paid-in or capital surplus, or land, building, and equipment		71		
4		Retained earnings, endowment, accumulated income, or ot			72	
اي	73	Total net assets or fund balances (add lines 67 through 6	9 or lines			
₹		70 through 72;				
- }		column (A) must equal line 19; column (B) must equal line			73	
┙	74	Total liabilities and net assets / fund balances (add lines 6)	8 and 73)		74	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

	t IV-A	Reconciliation of Revenu Financial Statements with Return (See page 27 of the	h Řevenue	per	Part	F	Reconciliation (Financial States Return		
		nue, gains, and other support d financial statements	8				penses and k	•	
b	•	included on line a but not on			b	Amounts	included on line 7, Form 990:		
(1)	Net unrea	lized gains			(1)	Donated and use of			
, ,	and use o	services of facilities \$ as of prior			••	Prior year ac reported or Form 990	-,		
ν-,	year gran Other (sp	ts \$			(3)	Losses rep line 20, Fo	_		:
(~)	• •	••••••••••••••••••••••••••••••••••••••				Other (spe			
	Add amou	ints on lines (1) through (4) ▶	b					revel (4)	Ь
C	Line a mi	nus line b	c				nts on lines (1) th nus line b	irougn (4)	c
đ		included on line 12, but not on line a:					included on line but not on line	-	
(1)		expenses ed on line 190 \$			• •	Investment not include 6b, Form 9	d on line		
(2)	Other (sp	ecify):			(2)	Other (spe	ecify):		
		3					2		
		ints on lines (1) and (2)	d			Add amou	ints on lines (1)	and (2) >	d
e Par	Add amou Total reve (line c plu	unts on lines (1) and (2) ▶ nue per line 12, Form 990 s line d) ▶ t of Officers, Directors, Tr	е		•	Total expe (line c plus	ints on lines (1) inses per line 17, is line d)	Form 990	0
Par	Add amore Total reversitions of plus total reversitions of the control of the con	nue per line 12, Form 990	е		nploy	Total expe (line c plus ees (List e	each one even if	Form 990 not compens (D) Contributions employee banefit p	e sated; see page 2
ÉN	Add amore Total reversitions of plus the	t of Officers, Directors, Trinstructions.) (A) Name and address	e ustees, an	d Key En	nploy	Total expe (line c plus ees (List e	rises per line 17, is line d)	Form 990	e sated; see page 2
En 170 Kot 12	Add amon Total reve (line e plu Lis the	nue per line 12, Form 990 s line d) t of Officers, Directors, Tr instructions.) (A) Name and address DIANU LIRTUN CHGO IL SET PC CHGO IL 60	e ustees, an	(B) Title and week dev	mploy	Total experiments of plus ends (List ends of position) (42)	each one even if	Form 990 not compens (D) Contributions employee banefit p	e sated; see page 2
En 170 100 172	Add amon Total reve (line c plu Lis the	nue per line 12, Form 990 s line d) t of Officers, Directors, Tr instructions.) (A) Name and address DZANO LIRTUN CHGO IL 3 FPC CHGO IL 60	e ustees, an	(B) Title and week dev	mployed average voted to	Total experitions of the control of	crises per line 17, is line d) each one even if (C) Compensation (If not paid, enter-0-1	Form 990 not compens (D) Contributions employee banefit p	e sated; see page 2
EN 170 Kot 172 500 480	Add amon Total reve (line c plu IV Lis the	nue per line 12, Form 990 s line d) t of Officers, Directors, Tr instructions.) (A) Name and address DZANO LIPKTON CHGO IL SPET ALCINIZU RMITES CHGO IL GO RMITES CHGO IL GO	e ustees, an 60608	(B) Title and week dev	mploy disverage voted to	Total expensions of the column	crises per line 17, s line d) each one even if (C) Compensation (If not paid, enter -0-1 28,600	Form 990 not compens (D) Contributions employee banefit p	e sated; see page 2
EN 170 172 500 172 500 172 171	Add amon Total reve (line e plu IV Lis the	nue per line 12, Form 990 s line d) t of Officers, Directors, Tr instructions.) (A) Name and address DZANO LIRTUN CHGO IL 3 FPC CHGO IL 60	e ustees, an 60608	(B) Title and week dev PICSIDENT EXECUTO SECIET C	mploy disverage world to	Total experition c plus Bes (List e Be hours per Position (40) (20) (43)	consess per line 17, is line d) each one even if (C) Compensation (if not paid, enter 0-1 28,600 4750 C,400	Form 990 not compens (D) Contributions employee banefit p	e sated; see page 2
EN 170 KUL 172 Sec. 1780 1780 1780 1780 1780 1780 1780 1780	Add amon Total reve (line e plu IV Lis the	Inue per line 12, Form 990 s line d) t of Officers, Directors, Trinstructions.) (A) Name and address DEANU LICKTUN CHGO IL RET PC CHGO IL 60 ALONE IN RET CHGO IL 60 ALONE IN CHGO IL 60	e ustees, an 60608	(B) Title and week dev PICSIDENT EXECUTO SECIET C	mploy disverage world to	Total experition c plus Bes (List e Be hours per Position (40) (20) (43)	crises per line 17, s line d) sach one even if (C) Compensation (M not peld, enter -0-) 28,600 4750 6,400	Form 990	e sated; see page a sated; see page a sated; see page a sated account and a sate a sat
EN 170 KUL 172 Sec. 1780 1780 1780 1780 1780 1780 1780 1780	Add amon Total reve (line e plu IV Lis the	Inue per line 12, Form 990 s line d) t of Officers, Directors, Trinstructions.) (A) Name and address DEANU LICKTUN CHGO IL RET PC CHGO IL 60 ALONE IN RET CHGO IL 60 ALONE IN CHGO IL 60	e ustees, an 60608	(B) Title and week dev PICSIDENT EXECUTO SECIET C	mploy disverage world to	Total experition c plus Bes (List e Be hours per Position (40) (20) (43)	crises per line 17, s line d) sach one even if (C) Compensation (M not peld, enter -0-) 28,600 4750 6,400	Form 990	e sated; see page a sated; see page a sated; see page a sated account and a sate a sat
EN 170 172 500 180 180 180 180 180 180 180 180 180 1	Add amon Total reve (line e plu IV Lis the	Inue per line 12, Form 990 s line d) t of Officers, Directors, Trinstructions.) (A) Name and address DEANU LICKTUN CHGO IL RET PC CHGO IL 60 ALONE IN RET CHGO IL 60 ALONE IN CHGO IL 60	e ustees, an 60608	(B) Title and week dev PICSIDENT EXECUTO SECIET C	mploy disverage world to	Total experition c plus Bes (List e Be hours per Position (40) (20) (43)	crises per line 17, s line d) sach one even if (C) Compensation (M not peld, enter -0-) 28,600 4750 6,400	Form 990	e sated; see page a sated; see page a sated; see page a sated account and a sate a sat
EN 170 KUL 172 Sec. 1780 1780 1780 1780 1780 1780 1780 1780	Add amon Total reve (line e plu IV Lis the	Inue per line 12, Form 990 s line d) t of Officers, Directors, Trinstructions.) (A) Name and address DEANU LICKTUN CHGO IL RET PC CHGO IL 60 ALONE IN RET CHGO IL 60 ALONE IN CHGO IL 60	e ustees, an 60608	(B) Title and week dev PICSIDENT EXECUTO SECIET C	mploy disverage world to	Total experition c plus Bes (List e Be hours per Position (40) (20) (43)	crises per line 17, s line d) sach one even if (C) Compensation (M not peld, enter -0-) 28,600 4750 6,400	Form 990	e sated; see page a sated; see page a sated; see page a sated account and a sate a sat

	1 980 (2007)			-100			
Pπ	Other Information (See page 28 of the instructions.)		Yes	No			
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.	76	↓	×			
77	Were any changes made in the organizing or governing documents but not reported to the iRS?						
	If "Yes," attach a conformed copy of the changes.		-				
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a 78b	├	X			
b	If "Yes," has it filed a tax return on Form 990-T for this year?						
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement						
80a	s the organization related (other than by association with a statewide or nationwide organization) through common						
	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80e	<u>. </u>	X			
t	If "Yee," enter the name of the organization ▶						
	and check whether it is exempt or nonexempt.	1					
	Enter direct and indirect political expenditures. See line 81 Instructions	- 045	7	T X			
_	Did the organization file Form 1120-POL for this year?	816	┼	+-			
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	820		X			
b	If "Yes," you may indicate the value of these items here. Do not include this amount						
	as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	- 00-		,			
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	_	-			
_	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?.	83b	├	15			
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	84b					
^-	or gifts were not tax deductible?	85e	-				
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85b	X	 			
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.						
_	Dues, assessments, and similar amounts from members,						
	Section 162(e) lobbying and political expenditures						
_	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices						
•	Taxable amount of lobbying and political expenditures (line 85d less 85e)						
a	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g					
_	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its						
	reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax	1 1					
	year?	85h					
8 6	501(c)(7) orgs. Enter: a initiation fees and capital contributions included on line 12.	_					
b	Gross receipts, included on line 12, for public use of club facilities						
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	_					
b	Gross income from other sources. (Do not net amounts due or paid to other						
	sources against amounts due or received from them.)	_					
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or						
	partnership, or an entity disregarded as separate from the organization under Regulations sections	40					
	301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88					
90 <i>a</i>	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶	-	4				
þ	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89ь		×			
C	_inter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958						
	Enter: Amount of tax on line 89c, above, reimbursed by the organization						
	List the states with which a copy of this return is filed ▶						
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	<u> </u>					
Fi	The books are in care of ▶ GEOKE ATLINS Telephone no. ▶ ()	· • • • • • • • • • • • • • • • • • • •					
_	Located at \triangleright 421/ M ARM1741 (C416A60 /L ZIP + 4 \triangleright 60639-3.	<u> </u>		· · <u>· · ·</u>			
	Section 4947(a)(1) nonexempt cheritable trusts filing Form 990 in lieu of Form 1041—Check here		. •				

Part	Analysis of Income-Producing	Activities (See pa	age 33 of the	instruction	ns.)			
Note	Enter gross amounts unless otherwise	Unrelated b	usinees income	Excluded b	y section 512, 513, or 514			
Indica	ited.	(A) Business code	(EI) Amount	(C) Exclusion	(D) code Amount	Related or exempt function income		
90	Program service revenue:		· · · · · · · · · · · · · · · · · · ·	1				
- b								
c			1					
. A								
•								
•	Medicare/Medicaid payments							
	Fees and contracts from government agent	. 1						
_	Membership dues and assessments	t e	<u> </u>			<u> </u>		
	interest on savings and temporary cash investme		<u> </u>			 		
	Dividends and interest from securities							
97	Net rental income or (loss) from real estate	: <u> </u>						
	debt-financed property					<u> </u>		
ь	not debt-financed property					<u> </u>		
96	Net rental income or (loss) from personal prope	nty				 		
	Other investment income			 		 		
	Gain or (loss) from sales of assets other than inven	tory	 			 		
_	Net income or (loss) from special events	.				 		
	Gross profit or (loss) from sales of inventor	У		 		 		
	Other revenue: a		 	+		 		
b .				+	 	 		
0.				 		 		
•				 		 		
104	Subtotal (add columns (B), (D), and (E))							
	Total (add line 104, columns (B), (D), and (E)			-	<u> </u>		
Note: L	ine 105 plus line 1d, Part I, should equal t	he amount on line 1	2, Part I.					
21	Relationship of Activities to the A	ccomplishment of	Exempt Purp	oses (See	page 34 of the ins	structions.)		
Line N	to. Explain how each activity for which inco	me la reported in colu	mn (E) of Part VI	contribute	importantly to the	ccomplishment		
	of the organization's exempt purposes (c	other than by providing	funds for such	purposes).				
					····			
								
Б	Laterantics Bernetics Tenable Out	haldladaa aad Olaa	4 5 40	/0				
Part I	X Information Regarding Taxable Su (A)	Delotaries and Dier		98 (266 Da				
	Name, address, and ElN of corporation.	Percentage of ownership interest	(C) Nature of a	ctivities	(D) Total income	End-of-year		
	partnership, or disregarded entity				100000	assets		
		% %						
		76			- 			
		96						
Part.)	Information Regarding Transfers Ass		ral Benefit Con	tracts (See	nage 34 of the inst	nuctions)		
								
	id the organization, during the year, receive any funds, old the organization, during the year, pay p					Yes No		
Note:	If "Yes" to (b), file Form 8870 and Form	4720 (see Instruction	nsi.	personal t	Actionic Contract (_ Yes No		
	Under penalties of periury, I declare that I have exa	mined this return, includin	a eccompenying ac	hedules and s	statements, and to the be	set of my knowledge		
V	and belief, it is true, correct, and complete. Declar	ation of preparer (other th	en officer) is based	on all inform	ation of which preparer	has any knowledge.		
Hease	Collo				1 8/18/05			
3ign	Signature of officer	····			Date			
lere	GEORGE ATLINS	THASULEZ						
	Type or print name and title.							
aid	Preparer's		Date	Check if	Preparer's SSN or F	TIN (See Gen. Inst. W)		
recerer's	signature			self- employed ▶				
go Call	Firm's name (or yours			EIN	>			
11.7	address, and ZP + 4			Pho	ne no. ► ()			