Form **990**

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)

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(except black lung benefit trust or private found trust or pr

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

The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2006 calendar year, or tax year beginning Jul 1 2006, and ending Jun 30 , 2007 D Employer Identification Number C Name of organization Check if applicable Please use IRS label Address change High Jump 36-4470186 or print or type. See E Telephone number Number and street (or P O box if mail is not delivered to street addr) Name change specific instruc-59 W. North Blvd Initial return (312) 582-6104 City, town or country State ZIP code + 4 Accounting method: Final return Cash X Accrual tions Chicago 60610 Amended return IL Other (specify) ► Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Application pending H and I are not applicable to section 527 organizations H (a) Is this a group return for affiliates? X (Form 990 or 990-EZ). H (b) If 'Yes,' enter number of affiliates G Web site: ▶ www.highjumpchicago.org H (c) Are all affiliates included? (If 'No,' attach a list. See instructions.) Organization type (check only one) 3 ◀ (insert no) 501(c) H (d) Is this a separate return filed by an organization covered by a group ruling? Check here ► if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the Group Exemption Number organization chooses to file a return, be sure to file a complete return Check ► If the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 794, 167. Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.) Contributions, gifts, grants, and similar amounts received a Contributions to donor advised funds. 1 a **b** Direct public support (not included on line 1a) 1 b 683,478. c Indirect public support (not included on line 1a) 1 c d Government contributions (grants) (not included on line 1a) 1d Total (add lines la through 1d) (cash \$ _ 683,478. noncash \$ 1 e 683,478. 2 Program service revenue including government fees and contracts (from Part VII, line 93) 2 Membership dues and assessments 3 Interest on savings and temporary cash investments 4 5 5 Dividends and interest from securities 34,698. 6a Gross rents 6a 0. b Less rental expenses 6 b 0. c Net rental income or (loss) Subtract line 6b from line 6a 6с 0. SCANNE JAN 7 Other investment income (describe See Other Investment Income Statement (B) Other (A) Securities 8a Gross amount from sales of assets other 18,801 than inventory 8a **b** Less cost or other basis and sales expenses 18,805. 8ь c Gain or (loss) (attach schedule) See L-8 Stmt 8c d Net gain or (loss) Combine line 8c, columns (A) and (B) 8 d -4. 9 Special events and activities (attach schedule) If any amount is from gaming, check here a Gross revenue (not including \$ 229,558. of contributions reported on line 1b) 57,190. b Less direct expenses other than fundraising expenses 9Ь 57,190. See L-9 Stmt c Net income or (loss) from special events. Subtract line 9b from line 9a 9с 0. 10a Gross sales of inventory, less returns and allowances 10a 0. b Less cost of goods sold 10b 0. c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a 10 c 0. 11 Other revenue (from Part VII, line 103) 11 0. Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 12 718,172. RECEIVED 13 Program services (from line 44, column (B)) 13 406,676. **0**80 Management and general (from line 44, column (C)) 14 103,106. DEC 1 8 2007 15 Fundraising (from line 44, column (D)) 15 97,622. RS-16 Payments to affiliates (attach schedule) 16 Total expenses. Add lines 16 and 44, column (A) 17 607,404. OGDEN. UT 18 Excess or (deficit) for the year Subtract line 17 from line 12 18 110,768. 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 601,789. 20 Other changes in net assets or fund balances (attach explanation) 20 Net assets or fund balances at end of year Combine lines 18, 19, and 20 21 712,557.

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Form 990 (2006)

Form 990 (2006) High Jump 36-4470186 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 (C) Management (B) Program Do not include amounts reported on line (A) Total (D) Fundraising 6b, 8b, 9b, 10b, or 16 of Part I services and general 22 a Grants paid from donor advised funds (attach sch) (cash non-cash 0.) If this amount includes foreign grants, check here 22 a 0. 0. 22 b Other grants and allocations (att sch) (cash non-cash \$ 0.) If this amount includes 22 b 0. О. foreign grants, check here Specific assistance to individuals 23 0. ο. (attach schedule) Benefits paid to or for members (attach schedule) 24 0 0. 25 a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch) See L-25a Stmt 92,842. 0 ٥. 25 a 92,842. b Compensation of former officers, directors, key employees, etc listed in 25 b 0 0. 0. 0. Part V-B (attach sch) c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 25 c 0. ٥. Ο. (attach schedule) Salaries and wages of employees not included on lines 25a, b, and c 270,109 172,089. 39,251. 58,769. 26 Pension plan contributions not included on lines 25a, b, and c 27 4,008. 802. 3,513. 8,323. Employee benefits not included on lines 25a - 27 28 24,416. 13,126. 5,446. 5,844. 4,496. 29 27,109. 19,610. 3,003. Payroll taxes 29 Professional fundraising fees 30 Ο. Ο. 0. 31 8,900. 0. 8,900. 31 Accounting fees 32 Legal fees 0. 0 . Ο. 32 33 13,041. 7,400. 5,641. 0. Supplies 33 ٥. 34 Telephone 34 0. 0. Ο. Postage and shipping 0. 35 35 8,236. 8,236. Ο. 6,000. 0. 36 6,000. Ο. 36 Occupancy **37** 0. Ο. 0. 37 Equipment rental and maintenance 0. 38 7,128. 0. 38 Printing and publications 9,587. 2,459. 0. 39 Ο. Ο. 39 Travel 0. 0. 40 Conferences, conventions, and meetings 40 0. 0. 0. ο. 41 0. 0. 0. 41 Interest 42 42 Depreciation, depletion, etc (attach schedule) Other expenses not covered above (itemize) 43a 74,975. 74,975. 0. 0. a student support & activities 43 b b Administration 21,185. 21,185. 0. 0. 0. 43 c 6,810. 0. 6,810. C professional fees-program evaluation 43 d 0. 5,750 5,750. 0. d professional fees-tax advisory 0. 43e 25,000. ٥. 25,000. e profesional fees-fund raising consultant

f	teacher recruitment	43f	5,121.	5,121.	0.	0.
g		43 g				
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	607,404.	406,676.	103,106.	97,622.
oin	Costs. Check If you are following	SOP 98-	2.			
re a	any joint costs from a combined education	al campa	ign and fundraising solicita	ation reported in (B) Prog	gram services?	► Yes X No
f 'Ye	es,' enter (i) the aggregate amount of these	joint cos	sts \$, (ii) the amou	int allocated to Program	n services
\$, (iii) the amount al	ocated to	Management and genera	۱ \$, and (iv) the a	mount allocated
o Fi	ndraising \$.					
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Part	111	Statement.	of Program	Service	Accomplishments

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.

<u> </u>		, , , , , , , , , , , , , , , , , , , ,		
What is the organization's prin All organizations must describ clients served, publications iss izations and 4947(a)(1) nonexe	nary exempt purpose? e their exempt purpose ach sued, etc Discuss achievem empt charitable trusts must	An academic enrichment program - see attache nevements in a clear and concise manner State lents that are not measurable. (Section 501(c)(3) also enter the amount of grants and allocations	d statement the number of and (4) organ to others)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
- CDV				
		· · · · · · · · · · · · · · · · · · ·		
(Grants and allocations	\$	0.) If this amount includes foreign grants, chec	k here ►	406,676.
1				
(Grants and allocations	\$) If this amount includes foreign grants, chec	k here	
c				
(Grants and allocations	\$) If this amount includes foreign grants, chec	k here	
d				
(Grants and allocations	<u> </u>) If this amount includes foreign grants, chec	ck nere 🟲	
e Other program services		A Mathematical and the Committee of the		
(Grants and allocations	\$) If this amount includes foreign grants, chec		100 0-0
1 Total of Program Service	e Expenses (should equal l	ine 44, column (B), Program services)		406,676.

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Form 990 (2006)

Not	e: V	Where required, attached schedules and amounts within olumn should be for end-of-year amounts only	the description	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing		401,017.	45	445,741.
	46	Savings and temporary cash investments			46	
		,				
		Accounts receivable	47 a			
	b	Less allowance for doubtful accounts	47 b		47 c	
	40	6	40			
		Pledges receivable	48 a 48 b	11 500	40.	
	49	Less allowance for doubtful accounts Grants receivable	460	11,500.	48 c 49	
					49	
	50 a	Receivables from current and former officers, director employees (attach schedule)	s, trustees, and key		50 a	· · · · · · · · · · · · · · · · · · ·
Α	b	Receivables from other disqualified persons (as define and persons described in section 4958(c)(3)(B) (attack)	ed under section 4958(f)(1)) h schedule)		50 b	
ASSETS	51 a	Other notes and loans receivable (attach schedule)	51 a			
Ś	b	Less: allowance for doubtful accounts	51 b		51 c	
	52	Inventories for sale or use		· 	52	
		Prepaid expenses and deferred charges		12,190.	53	5,641.
		Investments – publicly-traded securities L-54a S	 	247,665.	54a	282,363.
		Investments – other securities (attach sch)	► Cost FMV		54b	
	55 a	Investments – land, buildings, & equipment basis	55 a			
	b	Less accumulated depreciation (attach schedule)	55 b		55 c	
	56	Investments – other (attach schedule)	,		56	
	57 a	Land, buildings, and equipment basis	57 a			
	b	Less accumulated depreciation (attach schedule)	57b		57 c	
	58	Other assets, including program-related investments				
		(describe • 0)		58	· · · · · · · · · · · · · · · · · · ·
	59	Total assets (must equal line 74) Add lines 45 through	h 58	672,372.	59	733,745.
	60	Accounts payable and accrued expenses		26,383.	60	13,908.
	61	Grants payable			61	
Ļ	62	Deferred revenue		9,460.	62	
A B	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63	
Ī		Tax-exempt bond liabilities (attach schedule)	,		64 a	
T E S	b	Mortgages and other notes payable (attach schedule)			64 b	
s	65	Other liabilities (describe due to Latin S	<u>chool)</u>	34,740.	65	7,280.
	66	Total liabilities. Add lines 60 through 65		70,583.	66	21,188.
N	Orga		nd complete lines 67			
N E T	67	through 69 and lines 73 and 74		E20 200	67	710 557
Ş	67 68	Unrestricted Temporarily restricted		530,289. 71,500.	67 68	712,557.
ASSETS	69	Permanently restricted	Ì	71,300.	69	
		anizations that do not follow SFAS 117, check here	and complete lines			
R		70 through 74				
FUND	70	Capital stock, trust principal, or current funds			70	
	71	Paid-in or capital surplus, or land, building, and equip	ment fund		71	
Ä	72	Retained earnings, endowment, accumulated income,	or other funds		72	
B4し420Eの	73	Total net assets or fund balances. Add lines 67 throu	gh 69 or lines 70 through		[
Ĕ		72 (Column (A) must equal line 19 and column (B) m	iust equal line 21)	601,789.	73	712,557.
	74	Total liabilities and net assets/fund balances. Add lin	es 66 and 73	672,372.	74	733,745.

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Part IV-A Reconciliation of Reven	ue per Audited Financia	Statements with I	Revenue per Re	tur	
instructions.)	<u></u>				
a Total revenue, gains, and other suppor	t ner audited financial statem	ents		a	867,017
b Amounts included on line a but not on		ciils		_ <u>a</u>	807,017
1Net unrealized gains on investments	7 41(1, 1110-12	ь1			
2Donated services and use of facilities		b2	148,845.		
3Recoveries of prior year grants		b3	110,013.		
4Other (specify)					
	·	b4			
Add lines b1 through b4				b	148,845
c Subtract line b from line a				С	718,172
d Amounts included on Part I, line 12, bu		11			
1 Investment expenses not included on F		d1			
2Other (specify)					
Add lines d1 and d2	·	d2			
e Total revenue (Part I, line 12) Add line	es c and d		•	d	718,172
Part IV-B Reconciliation of Expen		al Statements with	Expenses per l	Ret	
a Total expenses and losses per audited				а	756,249
b Amounts included on line a but not on	Part I, line 17	1 1			
1 Donated services and use of facilities		<u>b1</u>	148,845.		
2Prior year adjustments reported on Pai	t I, line 20	b2	 		
3Losses reported on Part I, line 20		b3			
4Other (specify)					
Add lines b1 through b4		<u>b4</u>			140 045
c Subtract line b from line a				C	148,845. 607,404.
d Amounts included on Part I, line 17, bu	it not on line a:			_	007,404
1 Investment expenses not included on F		d1			
					
		d2			
Add lines d1 and d2				d	
e Total expenses (Part I, line 17) Add II			<u> </u>	е	
Part V-A Current Officers, Director or key employee at any time d	ors, Trustees, and Key E	imployees (List each	person who was a	n of	ficer, director, trustee,
or key employee at any time u	(B) Title and average hours	· · · · · · · · · · · · · · · · · · ·	(D) Contributions	<u> </u>	(E) Expense
(A) Name and address	per week devoted	(if not paid,	employee benef	it	account and other
(A) Name and address	to position	enter -0-)	plans and deferre		allowances
Tasha Green			<u> </u>		
59 W. North Blvd	_				
Chicago, IL 60610	Executive Director 50	84,251.	8,59	1.	0
Board of Trustees	_				
59 W. North Blvd	_				
Chicago, IL 60610	Trustee 1	0.	ļ <u>-</u>	0.	0
	-				
	-				
	 		 		
	-				

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Part V-A Current Officers, Directors, Tru	stees, and Key En	nployees (continued	d)			Yes	No
75a Enter the total number of officers, directors, and	trustees permitted to vot	te on organization busine	ess 🚨 Bolard meetings		İ		
b Are any officers, directors, trustees, or key emplor listed in Schedule A, Part I, or highest compensa A, Part II-A or II-B, related to each other through identifies the individuals and explains the relation	ted professional and oth family or business relati	ner independent contract	ors listed in Schedule		75 b		х
c Do any officers, directors, trustees, or key emplo listed in Schedule A, Part I, or highest compensa A, Part II-A or II-B, receive compensation from a to the organization? See the instructions for the officers.	ited professional and oth ny other organizations, v	ner independent contract whether tax exempt or ta	ors listed in Schedule		75c		X
If 'Yes,' attach a statement that includes the infor	mation described in the	instructions					
d Does the organization have a written conflict of in					75 d		
Part V-B Former Officers, Directors, Trus Benefits (If any former officer, director, during the year, list that person below and the instructions.)	trustee, or key employe	ee received compensation	n or other benefits (desc	ribed b	elow)		
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	acco	ount a	pense ind oth inces	
none							
				<u> </u>			
							
						•	
Part VI Other Information (See the instru	uctions)	<u> </u>				Yes	No
	•			\Box		.03	
76 Did the organization make a change in its activiti If 'Yes,' attach a detailed statement of each chan	es or methods of condu-	cting activities?			76		x
77 Were any changes made in the organizing or go		not reported to the IRS?		F	77		X
If 'Yes,' attach a conformed copy of the changes	•			Ī			
78 a Did the organization have unrelated business gro		more during the year co	vered by this return?	}	78 a	N/a	A
b If 'Yes,' has it filed a tax return on Form 990-T		•	·	Ī	78 b		
	-	un durina tha		Ī			
79 Was there a liquidation, dissolution, termination, year? If 'Yes,' attach a statement				-	79		Х
80 a Is the organization related (other than by associa membership, governing bodies, trustees, officers	ation with a statewide or s, etc, to any other exem	nationwide organization pt or nonexempt organiz) through common ation?	}	80 a		Х
b If 'Yes,' enter the name of the organization G							
			xempt or nonexer	•			
81 a Enter direct and indirect political expenditures. (S			81 a	0.			
b Did the organization file Form 1120-POL for this	s year?				81 b		X

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Pai	art VI Other Information (continued)					Yes	No
82 a	a Did the organization receive donated services or the use of ma substantially less than fair rental value?	tenals, equipment, or facilities at r	no charge or at		82a	х	
b	b If 'Yes,' you may indicate the value of these items here. Do not revenue in Part I or as an expense in Part II. (See instructions	include this amount as n Part III.)	82b	148,845.			
83 a	Ba Did the organization comply with the public inspection requirem	ents for returns and exemption ap	oplications?		83 a	х	
b	b Did the organization comply with the disclosure requirements re	elating to quid pro quo contribu	tions?		83 b	Х	
84 a	a Did the organization solicit any contributions or gifts that were i	not tax deductible?			84 a	N/2	7
b	b If 'Yes,' did the organization include with every solicitation an e not tax deductible?	xpress statement that such contri	outions or gifts	were	84b		
	5 501(c)(4), (5), or (6) organizations a Were substantially all de	•			85 a	N/2	
b	b Did the organization make only in-house lobbying expenditures	of \$2,000 or less?			85 b	N/2	<u>+</u>
	If 'Yes' was answered to either 85a or 85b, do not complete waiver for proxy tax owed for the prior year	85c through 85h below unless the	e organization re	eceived a			
С	c Dues, assessments, and similar amounts from members		85 c	N/A			
	d Section 162(e) lobbying and political expenditures		85 d	N/A			
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues		85e	N/A			
	f Taxable amount of lobbying and political expenditures (line 85c	•	85f	N/A			
9	g Does the organization elect to pay the section 6033(e) tax on the	ne amount on line 85f?			85 g	N//	
	h If section 6033(e)(1)(A) dues notices were sent, does the organ dues allocable to nondeductible lobbying and political expendit 5 501(c)(7) organizations Enter. a Initiation fees and capital c	ures for the following tax year?	asolimable estima	ite of	85 h	N/	<u> </u>
00	line 12		86a	N/A			
b	b Gross receipts, included on line 12, for public use of club facilit	ies	86b	N/A			
	501(c)(12) organizations. Enter. a Gross income from memb		87a	N/A			
	b Gross income from other sources (Do not net amounts due or against amounts due or received from them)		87 b	N/A			
88 a	B a At any time during the year, did the organization own a 50% or or an entity disregarded as separate from the organization und If 'Yes,' complete Part IX	greater interest in a taxable corporer Regulations sections 301 7701	pration or partner -2 and 301 770	ership.	88 a		х
b	b At any time during the year, did the organization, directly or ind section 512(b)(13)? If 'Yes,' complete Part XI	rectly, own a controlled entity with	hin the meaning	of G	88b		х
89 a	a 501(c)(3) organizations . Enter: Amount of tax imposed on the	organization during the year unde	r				
	section 4911 G0. ; section 4912 G _	0.; section 4	1955 G	0.			
b	b 501(c)(3) and 501(c)(4) organizations. Did the organization eduring the year or did it become aware of an excess benefit traexplaining each transaction	ngage in any section 4958 excess nsaction from a prior year? If 'Yes	benefit transac ,' attach a state	tion ment	89 b		X
С	c Enter Amount of tax imposed on the organization managers of	disqualified persons during the	•		j		
	year under sections 4912, 4955, and 4958		G	0.			
	d Enter Amount of tax on line 89c, above, reimbursed by the org		G	0.			l
	e All organizations At any time during the tax year, was the organizations	• • •		ction?	89 e		X
T	f All organizations Did the organization acquire a direct or indirect	ect interest in any applicable insul	ance contract?	}	89 f		<u> </u>
g	g For supporting organizations and sponsoring organizations ma organization, or a fund maintained by a sponsoring organizatio the year?		Did the support at any time dui		89 g	N/A	A
90 a	a List the states with which a copy of this return is filed G I	llinois		•			
b	b Number of employees employed in the pay period that includes (See instructions)			 -	90ъ		5
91 a	a The books are in care of G Lorraine Arvin	Telephone nu	ımber G (312) 582-6	102		
	Located & 59 W. North Blvd, Chicago IL		ZIP	+4 G 60610	-14	92	
b	b At any time during the calendar year, did the organization have financial account in a foreign country (such as a bank account,	an interest in or a signature or ot	her authority ov		91 b	Yes	No X
	If 'Yes,' enter the name of the foreign country G	. 					_
	See the instructions for exceptions and filing requirements for Financial Accounts	Form TD F 90-22.1, Report of F	oreign Bank an	d			L
BAA	A				Form	990 (2006)

	Other Information (continue						Yes No
	y time during the calendar year, did th	-	maintain an office	outside c	of the United Sta	ites?	91c X
	s,' enter the name of the foreign count						
	on 4947(a)(1) nonexempt charitable tr nter the amount of tax-exempt interes				T Check here	G 92	GП
	Analysis of Income-Produc				(8)	O 92	
i uit vii	Analysis of moonic 1 roduc		business income			n 512, 513, or 514	
Note: Enter	gross amounts unless						(E) Related or exempt
otherwise in		(A) Business cod	(B) le Amount	E	(C) clusion code	(D) Amount	function income
93 Prog	gram service revenue						
a							
b							
					-		
6	diagra/Madiagrad navaganta				<u> </u>		
	dicare/Medicaid payments is & contracts from government agen				-		
_	mbership dues and assessments	NE2					
	rest on savings & temporary cash in	mnts	_				
	dends & interest from securities	<u></u>			14	34,698.	
97 Net	rental income or (loss) from real esta	te				•	
a deb	t-financed property						
b not	debt-financed property						
	rental income or (loss) from pers pro	р					
99 Oth	er investment income						
	n or (loss) from sales of assets er than inventory	<u> </u>		,,,	18	-4.	
101 Net	income or (loss) from special events						
	s profit or (loss) from sales of inventory						
	er revenue a						
							
е							
104 Sub	ototal (add columns (B), (D), and (E))					34,694.	
	al (add line 104, columns (B), (D), and					G	34,694.
	105 plus line 1e, Part I, should equal				_		
	Relationship of Activities to	the Acco	mplishment of	Exemp	t Purposes	(See the instruction	ons.)
Line No F	Explain how each activity for which of the organization's exempt purpos					portantly to the accom	nplishment
	N/A				····		
			_		· · · · · ·		
Part IX	Information Regarding Tax	able Subsi	diaries and Die	renard	ed Entities	See the instruction	ons.) N/A
1 art ix	(A)	(B)	diaries and Bi.	(C)	ca Emilies ,	(D)	(E)
Nama	address, and EIN of corporation,	Percenta	age of			Total	End-of-year
	tnership, or disregarded entity	ownership		e of activ	ities	income	assets
			%				·-
	······································		8				
			% '	1			
Dod V	Information Deposition To-	nofore Ar-	%		Parafit C	ntroote /Sca 45-	notructions 1
Part X	Information Regarding Tra						
	ie organization, during the year, recei ie organization, during the year, pay r	-					Yes X No
	f 'Yes' to (b), file Form 8870 and For		•	, a persor	iai bonent will	uu	Lies Willo
11010. //		1120 (308 1					

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EIN G

Phone no

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Form 990 (2006)

THE LATIN SCHOOL OF CHICAGO

59 W NORTH BLVD

CHICAGO

Firm's name (or yours if selfemployed), address, and ZIP + 4

parer's Use

Only

BAA

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information (See separate instructions.) 2006

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

G MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

Name of the organization			Employer identification	number
High Jump			36-4470186	
	Highest Paid Employees Other one. If there are none, enter 'No		s, Directors, and	Trustees
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee bene plans and deferre compensation	(e) Expense account and other allowances
Stephanie Mayer	· · · ·			
59 W. North Blvd, Chicago, IL 60	0610 Development Officer 40	58,769.	7,186.	0.
Total number of other employees paid over \$50,000	G None		WW. P	
	e Highest Paid Independent Co one (whether individuals or firms			
(a) Name and address of each independent o	contractor paid more than \$50,000	(b) Type	of service	(c) Compensation
NONE				
Total number of others receiving over \$50,000 for professional services G	None			
Part II ' B Compensation of the Five	e Highest Paid Independent Co erformed services other than pro er 'None.' See instructions.)			iduals or
(a) Name and address of each independent of	contractor paid more than \$50,000	(b) Type	of service	(c) Compensation
none				
				-
Total number of other contractors receiving over \$50,000 for other services	None			

Par	t III Statements About Activities (See instructions.)			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid				
	or incurred in connection with the lobbying activities G \$				
	(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities				
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with an taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)	y al			
а	Sale, exchange, or leasing of property?		2a		x
t	Lending of money or other extension of credit?		2 b		<u>x</u>
,	: Furnishing of goods, services, or facilities?		2 c		х
•	See Part V-A, Form 990		-		
,	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		2d	х	
	ar ayment of compensation (or payment of reimbursement of expenses if more than \$1,000):		-		
e	Transfer of any part of its income or assets?		2е		X_
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments)		3a		x
t	Did the organization have a section 403(b) annuity plan for its employees?		3 b	x	
	Did the organization receive or hold an easement for conservation purposes, including easements				
	to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement		3с		х_
c	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		3 d		x
4 a	Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g If 'No,' complete lines 4f and 4g		4a		х
	Did the acceptant and a section and to select distributions under contract 40002				
L	Did the organization make any taxable distributions under section 4966?		4b		
c	Did the organization make a distribution to a donor, donor advisor, or related person?		4 c		
c	Enter the total number of donor advised funds owned at the end of the tax year	G			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	G			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	G			0
ç	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year	G			0.

Schedule A (Form 990 or 990-EZ) 2006

High Jump

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Part IV	Reason for Non-Private	Foundation Status (S	See instructions.)			
certify th	nat the organization is not a private for	undation because it is: (Plea	se check only ONE appli	cable box.)		
5	A church, convention of churches, or	association of churches Se	ection 170(b)(1)(A)(i)			
6	A school Section 170(b)(1)(A)(ii) (A	lso complete Part V.)				
7	A hospital or a cooperative hospital s	service organization Section	170(b)(1)(A)(III)			
8 🗆	A federal, state, or local government	or governmental unit. Section	on 170(b)(1)(A)(v)			
		•		·/···\ F_4	or the beaute	alla mama aitu
9	A medical research organization ope and state G	rated in conjunction with a n		. -		al's name, city, -
10	An organization operated for the ben (Also complete the Support Schede	efit of a college or university ule in Part IV-A)	owned or operated by a gov	vernmental u	init Section 17	70(b)(1)(A)(ıv)
11 a X	An organization that normally receive Section 170(b)(1)(A)(vi) (Also compl	es a substantial part of its su ete the Support Schedul	ipport from a governmental u e in Part IV-A)	init or from t	he general pub	blic
11 b 🗌	A community trust Section 170(b)(1)	(A)(vi) (Also complete the	Support Schedule in Part	IV-A)		
12	An organization that normally receive from activities related to its charitable from gross investment income and u organization after June 30, 1975 Se	e, etc, functions ' subject nrelated business taxable in	to certain exceptions, and come (less section 511 tax)	(2) no more from busines	s than 33-1/3% sses acquired	of its support
13	An organization that is not controlled requirements of section 509(a)(3) Cl	heck the box that describes	the type of supporting organ	ızatıon: (3	s the
	Type I Type II Provide th	Type III-Function all Type following information all	nally Integrated bout the supported organia	Type III. zations(See		
	(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c)	Is the su organizati the sup organiz gove	d) upported on listed in upporting zation's rning nents?	(e) Amount of support
				Yes	No	
			_			
						· m-++
				_		
Total		<u> </u>			G	
<u>- Otal</u>				-		
14 BAA	An organization organized and opera	ited to test for public safety.	Section 509(a)(4). (See inst		edule A (Form	990 or 990-EZ) 200

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Part	IV-A Support Schedule (Complete only if you ch	necked a box on line 1	0, 11, or 12.) Use c	ash method of a	ccou	nting.
Note	. You may use the worksheet in the	instructions for convei	rting from the accrual t	to the cash method of	accounting.		
begii	ndar year (or fiscal year nning in) G	(a) 2005	(b) 2004	(c) 2003	(d) 2002		(e) Total
15	Gifts, grants, and contributions received (Do not include						
	unusual grants. See line 28)	646,393.	544,209.	380,173.	265,1		1,835,939.
_16	Membership fees received	0.	0.	0.	1	0.	0.
17	Gross receipts from admissions, merchandise sold or services perfor or furnishing of facilities in any act that is related to the organization's charitable, etc., purpose	ıvıty	0.	0.		0.	57,555.
18	Gross income from interest, divide amounts received from payments securities loans (section 512(a)(5) rents, royalties, and unrelated bus taxable income (less section 511 t from businesses acquired by the oization after June 30, 1975	on Iness axes)	12,231.	21,915.	11,2	44.	68,831.
19	Net income from unrelated busines activities not included in line 18	ss 0.	0.	0.		0.	0.
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0.	0.	0.		0.	0.
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.	0.	0.	0.		0.	0.
22	Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	0.	0.	0.		0.	0.
23		727,389.	556,440.	402,088.	276,4	08.	1,962,325.
24	Line 23 minus line 17	669,834.	556,440.	402,088.	276,4		1,904,770.
25	Enter 1% of line 23	7,274.	5,564.	4,021.		64.	<u> </u>
26	Organizations described on line	s 10 or 11: a Ent	er 2% of amount in col	lumn (e), line 24	G	26 a	38,095.
b	o Prepare a list for your records to sh supported organization) whose tota returnEnter the total of all these ex	al gifts for 2002 through	mount contributed by e a 2005 exceeded the a	ach person (other thar mount £ាយwotrផ្លែទៅដាំ	n a governmental B äst with your G		r publicly 512,190.
С	: Total support for section 509(a)(1)	test: Enter line 24, col	umn (e)		G	26 c	1,904,770.
d	Add Amounts from column (e) for	lines 18	68,831.	19	0.		
		22	0.	26b 512,			581,021.
	Public support (line 26c minus line	•				26 e	
	Public support percentage (line		ded by line 26c (deno	minator))	G	26 f	69.50 %
	Organizations described on line For amounts included in lines 15, name of, and total amounts receiv such amounts for each year	16, and 17 that were re ed in each year from, e	each 'disqualified perso	on.' Do not file this	s list with your i	eturn	. Enter the sum of
	(2005)	(2004)	(2003) _		_ (2002)		
t	For any amount included in line 17 to show the name of, and amount \$5,000 (Include in the list organize After computing the difference bet differences (the excess amounts)	received for each year, ations described in line ween the amount receitor each year.	, that was more than the 5 through 11b, as worder and the larger am	he larger of (1) the ell as individuals.) ount described in (amount on line 2 Do not file this 1) or (2), enter the	25 for list wine sum	the year or (2) ith your return. n of these
	(2005)	(2004)	(2003) _		_ (2002)		
c	Add Amounts from column (e) for 17 Add Line 27a total	lines: 15		16	 _		1
	17	20		21	G	27 c	
d	Add Line 27a total	ar	nd line 27b total		G	27 d	
9	Public support (line 27c total minu	s line 27d total)			G	27 е	
	Total support for section 509(a)(2)			G 27f			
_	Public support percentage (line	•		**	_	27 g	
	Investment income percentage						
28	Unusual Grants: For an organiza list for your records to show, for earnature of the grant. Do not file the	ach year, the name of t	he contributor, the dat	e and amount of the g	s during 2002 thr rant, and a brief	ough 2 descri	2005, prepare a ption of the

	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement.)			
			-	
	Does the organization maintain the following a Records indicating the racial composition of the student body, faculty, and administrative staff?	22-		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 a 32 b		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32 c		
	d Copies of all material used by the organization or on its behalf to solicit contributions?	32 d		
	If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to:			
	a Students' rights or privileges?	33 a		
	b Admissions policies?	33b		
	c Employment of faculty or administrative staff?	33 c		
	d Scholarships or other financial assistance?	33 d		
	e Educational policies?	33 e		
	f Use of facilities?	33 f		
	g Athletic programs?	33 g		-
	h Other extracurricular activities?	33 h		
	If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement.)			
34	a Does the organization receive any financial aid or assistance from a governmental agency?	34 a		
	b Has the organization's right to such aid ever been revoked or suspended?	34 b		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C.B 587, covering racial nondiscrimination? If 'No,' attach an explanation	35		

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Part	t VI-A	Lobbying, Ex (To be complete	(penditures by El ed ONLY by an eligible	lecting Public Chari e organization that filed Fo	ties (See instructi irm 5768)	ions)				N/A
Chec	k Ga	If the organiz	ation belongs to an aff	iliated group Check	G b If you	checke	d 'a' and 'lii	mited o	ontro	' provisions apply.
			imits on Lobbyin	ig Expenditures amounts paid or incurred)		(a Affiliated tota	d group	o	(b) To be completed for all electing organizations
36	Total Joh	hvina expenditur	res to influence public	opinion (grassroots lobbyi	<u>,</u>	36	 -			organizations
37				lative body (direct lobbyin	·	37				 :
38			res (add lines 36 and 3		9/	38				
39		empt purpose ex		··· ,		39				
40			penditures (add lines 3	38 and 39)	Ì	40				
41			•	t from the following table						
		nount on line 40		e lobbying nontaxable a	amount is'					
	Not over	\$500,000		% of the amount on line 4						
	Over \$5	00,000 but not ov	ver \$1,000,000 \$1	00,000 plus 15% of the ex	cess over \$500,00	0				
	Over \$1	,000,000 but not		75,000 plus 10% of the ex	1 1	1				
	Over \$1	500,000 but not		25,000 plus 5% of the exc	1 1					
	Over \$1	7,000,000	\$1	,000,000						
42	Grassro	ots nontaxable a	mount (enter 25% of li	ne 41)		42				
43	Subtract	line 42 from line	36 Enter -0- if line 42	ls more than line 36		43				
44	Subtract	line 41 from line	38 Enter -0- if line 41	is more than line 38		44				
	Caution	: If there is an ar	nount on either line 43	or line 44, you must file f	orm 4720.					
·	, <u></u>	(Some organ	izations that made a s	r Averaging Period section 501(h) election do See the instructions for lin	not have to comple	ete all d		olumns	belo	N
				Lobbying Exper	ditures During 4	-Year	Averaging	Period	i	
	Calenda (or fisca beginni	ıl year	(a) 2006	(b) 2005	(c) 2004		•	d) 003		(e) Total
45	Lobbying amount	g nontaxable								
46		g ceiling amount f line 45(e))								•
47	Total lob expendit						 			
48	Grassroi taxable									
49	Grassroo (150% o	ots ceiling amour f line 48(e))	t							
50	expendit									
		(For reporting or	nly by organizations the	cting Public Charitie at did not complete Part V	I-A) (See instruction					N/A
Durir atten	ng the yea npt to influ	ir, did the organiz Jence public opir	zation attempt to influe nion on a legislative ma	ence national, state or local atter or referendum, through	il legislation, includ gh the use of	ling an	у	Yes	No	Amount
	a Volunteers									
	b Paid staff or management (Include compensation in expenses reported on lines c through h.)									
		dvertisements								
d Mailings to members, legislators, or the public										
		•	d or broadcast stateme							
		•	ions for lobbying purpo		d_4 b = 4					
_		-	· -	ernment officials, or a legis	-					
				s, speeches, lectures, or a	ny otner means					
i			res (add lines c throu	• ,	amakan -f46-1-1-		4 ?			
	If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities									

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Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

	Exompt Organization	110 (000	noti dottorio)				
51 Did the	e reporting organization di Code (other than section s	rectly or indi	rectly engage in any of the following wi anizations) or in section 527, relating t	oth any other organization described to political organizations?	in section 501	(c)	
			a noncharitable exempt organization of			Yes	No
(i) Ca	ash		, -		51 a (i)		Х
(ii)O	ther assets				a (ii)		Х
b Other	transactions						
(i)Sa	ales or exchanges of asse	ts with a nor	scharitable exempt organization		b (i)		Х
(ii)Pi	urchases of assets from a	noncharitab	le exempt organization		b (ii)		Х
	ental of facilities, equipme		_		b (iii)		Х
(iv)R	eimbursement arrangemei	nts			b (IV)		Х
(v)Lo	oans or loan guarantees				b (v)		Х
	-	membership	or fundraising solicitations		b (vi)		х
		•	other assets, or paid employees		С		х
			mplete the following schedule. Column the reporting organization. If the orga win column (d) the value of the goods	n (b) should always show the fair ma nization received less than fair mark , other assets, or services received	rket value of et value in	,	
(a) Line no	(b) Amount involved		(c) nonchantable exempt organization	(d) Description of transfers, transa		aring o	rranc
Line no	Amount involved	ivallie of	monchantable exempt organization	Description of transfers, transa	Clions, and sna	aring a	ııanıç
							
		<u> </u>					
				 			
descri		e Code (oth	ated with, or related to, one or more tax er than section 501(c)(3)) or in section		G 🗌 Ye	s X	No
DII TES	(a)	criedule.	(b)	(c)			
	Name of organization		Type of organization	Description of rela	ationship		_
		 					
							
							
							
							
	 -						
				1			
	 						

Form 990 Line 8(A) and 8(B) Statement

Schedule of Gains and Losses from Sale of Assets Other than Inventory

2006

G Attach to return

Name High Jump							Employer lo 36-4470	dentification Number 186
Part I, Line 8, Column	ı (A)		Securitie	S				
Public Securities								·-···
Descrip	otion		Gross Sales Price				Basis	
Publicly Traded S	Securities		18,801.	Co	st			18,640.
					lling Expe	nses		165. 18,805.
Nonpublic Securities				!	-	,,		· · · · · · · · · · · · · · · · · · ·
Description	Date Acqu and Meth		Date Sol and to Wh		_	ross s Price	F№	st, other basis or IV when donated ate which on top)
		_ .						
		-						
		-						
		- ·				-		
Total Securities					1	8,801		18,805.
Gain or (Loss) from Sa	ale of Securities							-4.
Part I, Line 8, Column	ı (B)	(Other Asse	ets				
Description	Date Acquired and Method		Sold Whom		oss Price			her basis or nen donated
						Cost Depreciation Basis Donation FMV		
						Basis Dona	eciation s ition FMV	
						Basis	eciation	
						Basis	eciation	
Total Other Assets		· ·						
Gain or (Loss) from Sa	ale of Other Assets							

Form 990 Part II, Line 25a

Compensation of Current Officers, Directors, Key Employees, Etc.

2006

Name as Shown on Return Employer Identification No High Jump 36-4470186

Compensation

Name	(A) Total	(B) Program services	(C) Management and general	(D) Fundraisıng
Tasha Green	84,251.	84,251.	0.	0.
				-
Total Compensation Received	84,251.	84,251.	0.	0.

Contributions to Employee Benefit Plans & Deferred Compensation Plans

Name	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Tasha Green	8,591.	8,591.	0.	0.
Total Contributions to				
Employee Benefit Plans &				
Deferred Compensation				
Plans	8,591.	8,591.	0.	0.

Expense Account and Other Allowances

Name	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
		, '		
Total Expense Account and Other Allowances				
Total to Part II, Line 25a G	92,842.	92,842.	_0.	0.

Form 990, Page 1, Part I, Line 9 Special Events and Activities Statement

List of Three Largest Events and Type and Number of Others	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
An Evening of Laughter	286,748.	229,558.	57,190.	57,190.	0.
Total	286,748.	229,558.	57,190.	57,190.	0.

Form 990, Page 4, Part IV, Line 54a Investments - Publicly-Traded Securities Statement

Line 54a — Investments - Publicly-Traded Securities:	Beginning of Year	End of Year
Investments	247,665.	282,363.
High Jump invests funds to be held longer term with		
the Latin School of Chicago's endowment fund investments.		
Gains and losses on investments are allocated proportionately		
to Latin and High Jump monthly based on respective		
investment balances.		
Total	247,665.	282,363.

Supporting Statement of:

Form 990 p 3/Program Service Expenses-a

Description	Amount
High Jump is a tuition free, two and one half year enrichment program for talented and motivated public and parochial middle school students with limited family income. High Jump students attend classes two Saturdays per month during the school year and week day classes during the summer. The program provides them with the skills necessary to excel in high	406,676.
school, college and beyond.	
The High Jump experience builds academic and social skills, fosters self confidence and independent thinking and provides critical	
Information about future educational choices. The students particiapate in a three day outdoor education trip to Lorado Taft at Norhtern Illinois University in Oregon, IL.	
Students are able to explore nature, particiapate in trust building excercises and build leadership skills. Students also particiapate in	
service learning activities throughout the year and community improvement projects. Since 1989, High Jump has served over 600 students. 100% of High Jump graduates attend	
college prepatory high schools. High Jump alumni are presently represented at over 100 selective local and national secondary	
schools and 110 top colleges and universities. 140 students attended the High Jump program in fiscal year ended June 30, 2007.	

Total

406,676.