Return of Organization Exempt From Income Tax

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

The organization must have a copy of this return to satisfy state reporting requirements.

For the 2009 calendar year, or tax year beginning 2009, and ending 2009.

B Check if applicable
Address change
Name change
Initial return
Terminated return
Amended return
Application pending

C Name of organization: 3ARTS, INC.

D Employer identification number: 36-1867637

E Telephone number: (312) 443-9621

G Gross receipts: 3,420,803

H(a) Is this a group return for affiliates? Yes

H(b) Are all affiliates included? Yes

I Tax-exempt status: 

J Website: WWW.3ARTS.ORG

K Form of organization: Corporation

Part I

Summary

1 Briefly describe the organization's mission or most significant activities

3ARTS SUPPORTS CHICAGO ARTISTS- SPECIFICALLY, WOMEN, PEOPLE OF COLOR, AND PEOPLE WITH DISABILITIES WORKING IN MUSIC, THEATER, & VISUAL ARTS IN ORDER TO ENRICH, STRENGTHEN, AND SUSTAIN THE ARTS & COMMUNITY.

2 Check this box □ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of employees (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total gross unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 14

Activities & Governance

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 6e, 9d, 10c, and 11e)

12 Total revenue - add lines 8 through 11 (must equal Part VI, column (A), line 1a)

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

14 Benefits paid to or for members (Part IX, column (A), line 1a)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

16 a Professional fundraising fees (Part IX, column (A), line 11)

b Total fundraising expenses, Part IX, column (D), line 25

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)

18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Part II

Significant Change

Sign Here

Preparer's signature

Date

Check if self-employed

Preparer's identifying number

(see instructions)

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

Form 990 (2009)

9784L 746P 7/28/2010 4:33:23 PM V 09-7 43-00702526-5000 47 1 PAGE 1
Part III  Statement of Program Service Accomplishments

1 Briefly describe the organization's mission
ATTACHMENT 2

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _______) (Expenses $390,160 including grants of $_________) (Revenue $_________)
3ARTS PROVIDES BOTH DIRECT AWARDS TO ARTISTS AND GRANTS TO ORGANIZATIONS FOR THEIR SUPPORT OF ARTISTS. THROUGH FOUR INTERRELATED PROGRAMS-3ARTS AWARDS, RESIDENCY FELLOWSHIPS, V AWARD, AND SPECIAL PROJECTS-3ARTS ADVOCATES FOR THE CULTURAL DIVERSITY, AND THEREFORE VITALITY, OF THE ARTS, AND CHICAGO COMMUNITY.

4b (Code _______) (Expenses $_________ including grants of $_________) (Revenue $_________)

4c (Code _______) (Expenses $_________ including grants of $_________) (Revenue $_________)

4d Other program services (Describe in Schedule O)
(Expenses $_________ including grants of $_________) (Revenue $_________)

4e Total program service expenses $390,160.
<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>X</td>
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<td>3</td>
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<td>4</td>
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<td>9</td>
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<tr>
<td>10</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>11</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

- Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
- Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
- Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
- Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
- Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
- Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X

12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.

12A Was the organization included in consolidated, independent audited financial statement for the tax year? Yes No
   if "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.

14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X
   b Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I.

15 Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.

16 Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III.

17 Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I.

18 Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.

19 Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H.
<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td>Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <strong>Yes</strong>,<strong>No</strong></td>
<td>X</td>
</tr>
<tr>
<td>22</td>
<td>Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <strong>Yes</strong>,<strong>No</strong></td>
<td>X</td>
</tr>
<tr>
<td>23</td>
<td>Did the organization answer &quot;Yes&quot; to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <strong>Yes</strong>,<strong>No</strong></td>
<td>X</td>
</tr>
<tr>
<td>24a</td>
<td>Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? <strong>Yes</strong>,<strong>No</strong>,<strong>Answer lines 24b through 24d and complete Schedule K If &quot;No,&quot; go to question 25</strong></td>
<td>X</td>
</tr>
<tr>
<td>24b</td>
<td>Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</td>
<td></td>
</tr>
<tr>
<td>24c</td>
<td>Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</td>
<td></td>
</tr>
<tr>
<td>24d</td>
<td>Did the organization act as an &quot;on behalf of&quot; issuer for bonds outstanding at any time during the year?</td>
<td></td>
</tr>
<tr>
<td>25a</td>
<td><strong>Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?</strong> <strong>Yes</strong>,<strong>No</strong></td>
<td>X</td>
</tr>
<tr>
<td>25b</td>
<td>Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <strong>Yes</strong>,<strong>No</strong>,<strong>Complete Schedule J, Part I</strong></td>
<td>X</td>
</tr>
<tr>
<td>26</td>
<td>Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <strong>Yes</strong>,<strong>No</strong>,<strong>Complete Schedule L, Part I</strong></td>
<td>X</td>
</tr>
<tr>
<td>27</td>
<td>Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <strong>Yes</strong>,<strong>No</strong>,<strong>Complete Schedule L, Part III</strong></td>
<td>X</td>
</tr>
<tr>
<td>28</td>
<td>Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)? <strong>Yes</strong>,<strong>No</strong></td>
<td>X</td>
</tr>
<tr>
<td>28a</td>
<td>A current or former officer, director, trustee, or key employee? <strong>Yes</strong>,<strong>No</strong>,<strong>Complete Schedule L, Part IV</strong></td>
<td>X</td>
</tr>
<tr>
<td>28b</td>
<td>A family member of a current or former officer, director, trustee, or key employee? <strong>Yes</strong>,<strong>No</strong>,<strong>Complete Schedule L, Part IV</strong></td>
<td>X</td>
</tr>
<tr>
<td>28c</td>
<td>An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <strong>Yes</strong>,<strong>No</strong>,<strong>Complete Schedule L, Part IV</strong></td>
<td>X</td>
</tr>
<tr>
<td>29</td>
<td>Did the organization receive more than $25,000 in non-cash contributions? <strong>Yes</strong>,<strong>No</strong>,<strong>Complete Schedule M</strong></td>
<td>X</td>
</tr>
<tr>
<td>30</td>
<td>Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <strong>Yes</strong>,<strong>No</strong>,<strong>Complete Schedule M</strong></td>
<td>X</td>
</tr>
<tr>
<td>31</td>
<td>Did the organization liquidate, terminate, or dissolve and cease operations? <strong>Yes</strong>,<strong>No</strong>,<strong>Complete Schedule N, Part I</strong></td>
<td>X</td>
</tr>
<tr>
<td>32</td>
<td>Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <strong>Yes</strong>,<strong>No</strong>,<strong>Complete Schedule N, Part II</strong></td>
<td>X</td>
</tr>
<tr>
<td>33</td>
<td>Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <strong>Yes</strong>,<strong>No</strong>,<strong>Complete Schedule R, Part I</strong></td>
<td>X</td>
</tr>
<tr>
<td>34</td>
<td>Was the organization related to any tax-exempt or taxable entity? <strong>Yes</strong>,<strong>No</strong>,<strong>Complete Schedule R, Parts II, III, IV, and V, line 1</strong></td>
<td>X</td>
</tr>
<tr>
<td>35</td>
<td>Is any related organization a controlled entity within the meaning of section 512(b)(13)? <strong>Yes</strong>,<strong>No</strong>,<strong>Complete Schedule R, Part V, line 2</strong></td>
<td>X</td>
</tr>
<tr>
<td>36</td>
<td><strong>Section 501(e)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?</strong> <strong>Yes</strong>,<strong>No</strong>,<strong>Complete Schedule R, Part V, line 2</strong></td>
<td>X</td>
</tr>
<tr>
<td>37</td>
<td>Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <strong>Yes</strong>,<strong>No</strong>,<strong>Complete Schedule R, Part VI</strong></td>
<td>X</td>
</tr>
<tr>
<td>38</td>
<td>Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <strong>Yes</strong>,<strong>No</strong></td>
<td>X</td>
</tr>
</tbody>
</table>
Part V  Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1099, Annual Summary and Transmittal of US Information Returns. Enter "0" if not applicable ........................................... 1a  0
1b Enter the number of Forms W-2G included in line 1a. Enter "0" if not applicable ........................................... 1b  0
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? ........................................... 1c

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return ........................................... 2a  2
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? ................................. 2b  X

Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)

3a Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return? ................................. 3a  X

4a 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)? ........................................... 4a  X

4b 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

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? ................................. 5a  X

5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? ................................. 5b  X

5c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? ........................................... 5c

6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible? ................................. 6a  X

6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? ................................. 6b

7 Organizations that may receive deductible contributions under section 170(c).

7a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payer? ................................. 7a  X

7b Did the organization notify the donor of the value of the goods or services provided? ................................. 7b

7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? ................................. 7c  X

7d If "Yes," indicate the number of Forms 8282 filed during the year ................................. 7d

7e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ................................. 7e  X

7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ................................. 7f

7g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? ................................. 7g  X

7h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? ................................. 7h

8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? ................................. 8  X

9 Sponsoring organizations maintaining donor advised funds.

9a Did the organization make any taxable distributions under section 4966? ................................. 9a  X

9b Did the organization make a distribution to a donor, donor advisor, or related person? ................................. 9b

10 Section 501(c)(7) organizations. Enter:

10a Initiation fees and capital contributions included on Part VIII, line 12 ................................. 10a

10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ................................. 10b

11 Section 501(c)(12) organizations. Enter

11a Gross income from members or shareholders ................................. 11a

11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) ................................. 11b

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? ................................. 12a

12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year ................................. 12b
### Part VI  Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

#### Section A. Governing Body and Management

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Enter the number of voting members of the governing body</td>
<td>1a</td>
</tr>
<tr>
<td>1b</td>
<td>Enter the number of voting members that are independent</td>
<td>1b</td>
</tr>
<tr>
<td>2</td>
<td>Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Did the organization become aware during the year of a material diversion of the organization's assets?</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Does the organization have members or stockholders?</td>
<td>6</td>
</tr>
<tr>
<td>7a</td>
<td>Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?</td>
<td>7a</td>
</tr>
<tr>
<td>7b</td>
<td>Are any decisions of the governing body subject to approval by members, stockholders, or other persons?</td>
<td>7b</td>
</tr>
<tr>
<td>8</td>
<td>Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following</td>
<td>8a</td>
</tr>
<tr>
<td>a</td>
<td>The governing body?</td>
<td>8a</td>
</tr>
<tr>
<td>b</td>
<td>Each committee with authority to act on behalf of the governing body?</td>
<td>8b</td>
</tr>
<tr>
<td>9</td>
<td>Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If &quot;Yes,&quot; provide the names and addresses in Schedule O.</td>
<td>9a</td>
</tr>
</tbody>
</table>

#### Section B. Policies
(This Section B requests information about policies not required by the Internal Revenue Code.)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>10a</td>
<td>Does the organization have local chapters, branches, or affiliates?</td>
<td>10a</td>
</tr>
<tr>
<td>b</td>
<td>If &quot;Yes,&quot; does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?</td>
<td>10b</td>
</tr>
<tr>
<td>11</td>
<td>Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?</td>
<td>11</td>
</tr>
<tr>
<td>11A</td>
<td>Describe in Schedule O the process, if any, used by the organization to review this Form 990</td>
<td>11A</td>
</tr>
<tr>
<td>12a</td>
<td>Does the organization have a written conflict of interest policy? If &quot;No,&quot; go to line 13</td>
<td>12a</td>
</tr>
<tr>
<td>b</td>
<td>Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</td>
<td>12b</td>
</tr>
<tr>
<td>c</td>
<td>Does the organization regularly and consistently monitor and enforce compliance with the policy? If &quot;Yes,&quot; describe in Schedule O how this is done</td>
<td>12c</td>
</tr>
<tr>
<td>13</td>
<td>Does the organization have a written whistleblower policy?</td>
<td>13</td>
</tr>
<tr>
<td>14</td>
<td>Does the organization have a written document retention and destruction policy?</td>
<td>14</td>
</tr>
<tr>
<td>15</td>
<td>Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?</td>
<td>15a</td>
</tr>
<tr>
<td>a</td>
<td>The organization's CEO, Executive Director, or top management official</td>
<td>15a</td>
</tr>
<tr>
<td>b</td>
<td>Other officers or key employees of the organization</td>
<td>15b</td>
</tr>
<tr>
<td>If &quot;Yes&quot; to line 15a or 15b, describe the process in Schedule O (See instructions)</td>
<td>15b</td>
<td>X</td>
</tr>
<tr>
<td>16a</td>
<td>Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?</td>
<td>16a</td>
</tr>
<tr>
<td>b</td>
<td>If &quot;Yes,&quot; has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?</td>
<td>16b</td>
</tr>
</tbody>
</table>

#### Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed

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

- [x] Own website
- [ ] Another's website
- [x] Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

ESTHER GRIMM 180 N. MICHIGAN AVE. #305 CHICAGO, IL 60601

312-443-9621
### Part VII
Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

- Check this box if the organization did not compensate any current officer, director, or trustee.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week</th>
<th>(C) Position (check all that apply)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharon Burge  BOARD DIRECTOR</td>
<td>3.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>Patricia Foley  VICE PRESIDENT</td>
<td>3.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>Beth Kies  BOARD DIRECTOR</td>
<td>3.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>Cynthia West  PRESIDENT</td>
<td>3.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>Irene Siragus Phelps  SECRETARY</td>
<td>3.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>David Pinkerton  TREASURER</td>
<td>3.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>Phoebe C. Turner  BOARD DIRECTOR</td>
<td>3.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>Bruce Doblin  BOARD DIRECTOR</td>
<td>3.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>Alson Zehr  BOARD DIRECTOR</td>
<td>3.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>Marcia Festen  BOARD DIRECTOR</td>
<td>3.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>Marquerite Griffin  BOARD DIRECTOR</td>
<td>3.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>Juana Guzman  BOARD DIRECTOR</td>
<td>3.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>Susan Motley  BOARD DIRECTOR</td>
<td>3.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>Shirley Wesse Young  BOARD DIRECTOR</td>
<td>3.00</td>
<td>X</td>
<td>100,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Esther Grimm  EXECUTIVE DIRECTOR</td>
<td>40.00</td>
<td>X X</td>
<td>90,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mark Becker  ASSOCIATE DIRECTOR</td>
<td>40.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
</tbody>
</table>
### Part VII  Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week</th>
<th>(C) Position (check all that apply)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Individual trustee</td>
<td>Officer</td>
<td>Key employee</td>
<td>Former compensated</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1b Total ................................................................. 190,000.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 0

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual ..........................................................

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual ..........................................................

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person .................................

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization.

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0
### Part VIII Statement of Revenue

<table>
<thead>
<tr>
<th>Contributions, gifts, grants, and similar amounts</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Federated campaigns</td>
<td></td>
</tr>
<tr>
<td>1b Membership dues</td>
<td></td>
</tr>
<tr>
<td>1c Fundraising events</td>
<td></td>
</tr>
<tr>
<td>1d Related organizations</td>
<td></td>
</tr>
<tr>
<td>1e Government grants (contributions)</td>
<td></td>
</tr>
<tr>
<td>1f All other contributions, gifts, grants,</td>
<td>100,835</td>
</tr>
<tr>
<td>and similar amounts not included above</td>
<td></td>
</tr>
<tr>
<td>1g Noncash contributions included in lines 1a-1f</td>
<td></td>
</tr>
<tr>
<td>1h Total Add lines 1a-1f</td>
<td>100,835</td>
</tr>
</tbody>
</table>

| Program Service Revenue | Business Code | |
|-------------------------|---------------|
| 2a                      |               |
| 2b                      |               |
| 2c                      |               |
| 2d                      |               |
| 2e                      |               |
| 2f All other program service revenue           |               |
| 2g Total Add lines 2a-2f                        | 0             |

<table>
<thead>
<tr>
<th>Other Revenue</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Investment income (including dividends, interest, and other similar amounts)</td>
<td>171,380</td>
</tr>
<tr>
<td>4 Income from investment of tax-exempt bond proceeds</td>
<td>0</td>
</tr>
<tr>
<td>5 Royalties</td>
<td></td>
</tr>
<tr>
<td>6a Gross Rents</td>
<td></td>
</tr>
<tr>
<td>6b Less rental expenses</td>
<td></td>
</tr>
<tr>
<td>6c Rental income or (loss)</td>
<td></td>
</tr>
<tr>
<td>6d Net rental income or (loss)</td>
<td>0</td>
</tr>
<tr>
<td>7a Gross amount from sales of assets other than inventory</td>
<td>3,144,853</td>
</tr>
<tr>
<td>7b Less cost or other basis and sales expenses</td>
<td>4,284,332</td>
</tr>
<tr>
<td>7c Gain or (loss)</td>
<td>-1,139,479</td>
</tr>
<tr>
<td>7d Net gain or (loss)</td>
<td>-1,139,479</td>
</tr>
</tbody>
</table>

| Gross income from fundraising events | |
| (not including $ of contributions reported on line 1c) | |
| See Part IV, line 18 | a |
| b Less direct expenses | b |
| c Net income or (loss) from fundraising events | 0 |

| Gross income from gaming activities | |
| See Part IV, line 19 | a |
| b Less direct expenses | b |
| c Net income or (loss) from gaming activities | 0 |

| Gross sales of inventory, less returns and allowances | |
| See Part IV, line 10 | a |
| b Less cost of goods sold | b |
| c Net income or (loss) from sales of inventory | 0 |

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>11a OTHER INCOME</td>
<td>3,735</td>
</tr>
<tr>
<td>12 Total Revenue</td>
<td>See instructions</td>
</tr>
<tr>
<td></td>
<td>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</td>
</tr>
<tr>
<td>---</td>
<td>---------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>1</td>
<td>Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21</td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to individuals in the U.S. See Part IV, line 22</td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16</td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
</tr>
<tr>
<td>8</td>
<td>Pension plan contributions (include section 401(k) and section 403(b) employer contributions)</td>
</tr>
<tr>
<td>9</td>
<td>Other employee benefits</td>
</tr>
<tr>
<td>10</td>
<td>Payroll taxes</td>
</tr>
<tr>
<td>11</td>
<td>Fees for services (non-employees)</td>
</tr>
<tr>
<td>a</td>
<td>Management</td>
</tr>
<tr>
<td>b</td>
<td>Legal</td>
</tr>
<tr>
<td>c</td>
<td>Accounting</td>
</tr>
<tr>
<td>d</td>
<td>Lobbying</td>
</tr>
<tr>
<td>e</td>
<td>Professional fundraising services See Part IV, line 17</td>
</tr>
<tr>
<td>f</td>
<td>Investment management fees</td>
</tr>
<tr>
<td>g</td>
<td>Other</td>
</tr>
<tr>
<td>12</td>
<td>Advertising and promotion</td>
</tr>
<tr>
<td>13</td>
<td>Office expenses</td>
</tr>
<tr>
<td>14</td>
<td>Information technology</td>
</tr>
<tr>
<td>15</td>
<td>Royalties</td>
</tr>
<tr>
<td>16</td>
<td>Occupancy</td>
</tr>
<tr>
<td>17</td>
<td>Travel</td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings</td>
</tr>
<tr>
<td>20</td>
<td>Interest</td>
</tr>
<tr>
<td>21</td>
<td>Payments to affiliates</td>
</tr>
<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization</td>
</tr>
<tr>
<td>23</td>
<td>Insurance</td>
</tr>
<tr>
<td>24</td>
<td>Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)</td>
</tr>
<tr>
<td>a</td>
<td>SPECIAL EVENTS</td>
</tr>
<tr>
<td>b</td>
<td>CONTRACT SERVICES</td>
</tr>
<tr>
<td>c</td>
<td>UNEMPLOYMENT INSURANCE</td>
</tr>
<tr>
<td>d</td>
<td>UTILITIES</td>
</tr>
<tr>
<td>e</td>
<td>PRINTING AND POSTAGE</td>
</tr>
<tr>
<td>f</td>
<td>All other expenses</td>
</tr>
<tr>
<td>25</td>
<td>Total functional expenses Add lines 1 through 24</td>
</tr>
<tr>
<td>26</td>
<td>Joint Costs. Check here □ □ □ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation</td>
</tr>
</tbody>
</table>
### Part X Balance Sheet

<table>
<thead>
<tr>
<th><strong>Assets</strong></th>
<th><strong>(A) Beginning of year</strong></th>
<th><strong>(B) End of year</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Cash - non-interest-bearing</td>
<td>155,683</td>
<td>39,459</td>
</tr>
<tr>
<td>2 Savings and temporary cash investments</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3 Pledges and grants receivable, net</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4 Accounts receivable, net</td>
<td>3,126</td>
<td>0</td>
</tr>
<tr>
<td>5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7 Notes and loans receivable, net</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8 Inventories for sale or use</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>9 Prepaid expenses and deferred charges</td>
<td>3,283</td>
<td>3,079</td>
</tr>
<tr>
<td>10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D</td>
<td>10a 2,941</td>
<td></td>
</tr>
<tr>
<td>10b Less accumulated depreciation</td>
<td>10b 1,127</td>
<td>2,402</td>
</tr>
<tr>
<td>11 Investments - publicly traded securities</td>
<td>7,043,111</td>
<td>7,949,354</td>
</tr>
<tr>
<td>12 Investments - other securities See Part IV, line 11</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>13 Investments - program-related See Part IV, line 11</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>14 Intangible assets</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>15 Other assets See Part IV, line 11</td>
<td>266,724</td>
<td>266,724</td>
</tr>
<tr>
<td>16 Total assets. Add lines 1 through 15 (must equal line 34)</td>
<td>7,474,329</td>
<td>8,260,430</td>
</tr>
<tr>
<td>17 Accounts payable and accrued expenses</td>
<td>17</td>
<td>11,138</td>
</tr>
<tr>
<td>18 Grants payable</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>19 Deferred revenue</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>20 Tax-exempt bond liabilities</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>21 Escrow or custodial account liability Complete Part IV of Schedule D</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>23 Secured mortgages and notes payable to unrelated third parties</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>24 Unsecured notes and loans payable to unrelated third parties</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>25 Other liabilities Complete Part X of Schedule D</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>26 Total liabilities. Add lines 17 through 25</td>
<td>14,384</td>
<td>11,138</td>
</tr>
<tr>
<td>Organizations that follow SFAS 117, check here and complete lines 27 through 29, and lines 33 and 34.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>27 Unrestricted net assets</td>
<td>7,194,921</td>
<td>7,984,268</td>
</tr>
<tr>
<td>28 Temporarily restricted net assets</td>
<td>28</td>
<td></td>
</tr>
<tr>
<td>29 Permanently restricted net assets</td>
<td>265,024</td>
<td>265,024</td>
</tr>
<tr>
<td>Organizations that do not follow SFAS 117, check here and complete lines 30 through 34.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30 Capital stock or trust principal, or current funds</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>31 Paid-in or capital surplus, or land, building, or equipment fund</td>
<td>31</td>
<td></td>
</tr>
<tr>
<td>32 Retained earnings, endowment, accumulated income, or other funds</td>
<td>32</td>
<td></td>
</tr>
<tr>
<td>33 Total net assets or fund balances</td>
<td>7,459,945</td>
<td>8,249,292</td>
</tr>
<tr>
<td>34 Total liabilities and net assets/fund balances</td>
<td>7,474,329</td>
<td>8,260,430</td>
</tr>
</tbody>
</table>
**Part XI  Financial Statements and Reporting**

1. Accounting method used to prepare the Form 990  
   - Cash  
   - Accrual  
   - Other  
   If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>2b</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

2a. Were the organization’s financial statements compiled or reviewed by an independent accountant?  
2b. Were the organization’s financial statements audited by an independent accountant?  
2c. If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
   If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  
3b. If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits
**Public Charity Status and Public Support**

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

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

**Part I**  Reason for Public Charity Status

(All organizations must complete this part.) See instructions.

1. A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2. A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3. A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4. A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
5. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
6. A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7. An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
8. A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)
9. An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)
10. An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11. An organization organized and operated exclusively for the benefit of, or to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
   a. Type I
   b. Type II
   c. Type III - Functionally integrated
   d. Type III - Other
12. By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) of the Code.
13. If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.
14. Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
   (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii), the governing body of the supported organization?
   (ii) A family member of a person described in (i)?
   (iii) A 35% controlled entity of a person described in (i) or (ii)?

Provide the following information about the supported organization(s):

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-9 above or IRC section 501(c)(3) section)</th>
<th>(iv) Is the organization in col (iv) listed in your governing document?</th>
<th>(v) Did you notify the organization in col (v) of your support?</th>
<th>(vi) Is the organization in col (vi) organized in the U S?</th>
<th>(vi) Amount of support</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
### Section A. Public Support

**Calendar year (or fiscal year beginning in)**

<table>
<thead>
<tr>
<th>Column</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received (Do not include any &quot;unusual grants&quot;)</td>
<td>356,869</td>
<td>24,291</td>
<td>13,640</td>
<td>57,168</td>
<td>100,835</td>
<td>552,803</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td>356,869</td>
<td>24,291</td>
<td>13,640</td>
<td>57,168</td>
<td>100,835</td>
<td>552,803</td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>552,803</td>
</tr>
<tr>
<td>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),</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>552,803</td>
</tr>
</tbody>
</table>

**Section B. Total Support**

**Calendar year (or fiscal year beginning in)**

<table>
<thead>
<tr>
<th>Column</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>356,869</td>
<td>24,291</td>
<td>13,640</td>
<td>57,168</td>
<td>100,835</td>
<td>552,803</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td>4,030</td>
<td>18,440</td>
<td>343,266</td>
<td>258,384</td>
<td>174,920</td>
<td>799,040</td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1,351,243</td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc (see instructions)</td>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>191,028</td>
</tr>
<tr>
<td>13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th>Column</th>
<th>2009 (line 6, column (f) divided by line 11, column (f))</th>
<th>2009</th>
<th>2009</th>
<th>2009</th>
<th>2009</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Public support percentage for 2009</td>
<td>14</td>
<td>40.89%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Public support percentage from 2008 Schedule A, Part II, line 14</td>
<td>15</td>
<td>55.40%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17a 10% facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the &quot;facts-and-circumstances&quot; test, check this box and stop here. Explain in Part IV how the organization meets the &quot;facts-and-circumstances&quot; test The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 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.)

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning)</th>
<th>(a) 2005</th>
<th>(b) 2006</th>
<th>(c) 2007</th>
<th>(d) 2008</th>
<th>(e) 2009</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gifts, grants, contributions, and membership fees received (Do not include any &quot;unusual grants&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total. Add lines 1 through 5</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Amounts included on lines 1, 2, and 3 received from disqualified persons |          |          |          |          |          |          |
| Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year |          |          |          |          |          |          |
| Add lines 7a and 7b |          |          |          |          |          |          |
| **Public support (Subtract line 7c from line 6)** |          |          |          |          |          |          |

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning)</th>
<th>(a) 2005</th>
<th>(b) 2006</th>
<th>(c) 2007</th>
<th>(d) 2008</th>
<th>(e) 2009</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Add lines 10a and 10b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other income (Do not include gain or loss from the sale of capital assets) (Explain in Part IV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total support. (Add lines 9, 10c, 11, and 12)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.</strong></td>
<td>[ ]</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

| Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| Public support percentage from 2008 Schedule A, Part III, line 15 | 16 | % |

#### Section D. Computation of Investment Income Percentage

| Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| Investment income percentage from 2008 Schedule A, Part III, line 17 | 18 | % |

| 19a 33 1/3 % support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization | [ ] |
| 19b 33 1/3 % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization | [ ] |

| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions | [ ] |
Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information See instructions
Supplemental Financial Statements

Part I
Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts
Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate contributions (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Did the organization inform all donors and donor advisors in writing that the assets held in donated advised funds are the organization's property, subject to the organization's exclusive legal control?</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>6</td>
<td>Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?</td>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

Part II
Conservation Easements
Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1. Purpose(s) of conservation easements held by the organization (check all that apply)
   - Preservation of land for public use (e.g., recreation or pleasure)
   - Preservation of an historically important land area
   - Protection of natural habitat
   - Preservation of a certified historic structure
   - Preservation of open space

2. Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

<table>
<thead>
<tr>
<th></th>
<th>Held at the End of the Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td>Total number of conservation easements</td>
</tr>
<tr>
<td>2b</td>
<td>Total acreage restricted by conservation easements</td>
</tr>
<tr>
<td>2c</td>
<td>Number of conservation easements on a certified historic structure included in (a)</td>
</tr>
<tr>
<td>2d</td>
<td>Number of conservation easements included in (c) acquired after 8/17/06</td>
</tr>
</tbody>
</table>

3. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4. Number of states where property subject to conservation easement is located

5. Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? | Yes ☐ No ☐ |

6. Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year

7. Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

8. Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? | Yes ☐ No ☐ |

9. In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III
Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

1b. If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
   - (i) Revenues included in Form 990, Part VIII, line 1
   - (ii) Assets included in Form 990, Part X

2. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
   - a. Revenues included in Form 990, Part VIII, line 1
   - b. Assets included in Form 990, Part X

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
Part III  Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
   a  Public exhibition
   b  Scholarly research
   c  Preservation for future generations
   d  Loan or exchange programs
   e  Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?
   Yes  No

Part IV  Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XI V and complete the following table:

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c Beginning balance</td>
<td></td>
</tr>
<tr>
<td>1d Additions during the year</td>
<td></td>
</tr>
<tr>
<td>1e Distributions during the year</td>
<td></td>
</tr>
<tr>
<td>1f Ending balance</td>
<td></td>
</tr>
</tbody>
</table>

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XI V.

Part V  Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10

1a Beginning of year balance

1b Contributions

1c Net investment earnings, gains, and losses

1d Grants or scholarships

1e Other expenditures for facilities and programs

1f Administrative expenses

1g End of year balance

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment %

b Permanent endowment %

c Term endowment %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3a(i) 3a(ii) 3b

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI  Investments - Land, Buildings, and Equipment See Form 990, Part X, line 10

<table>
<thead>
<tr>
<th>Description of investment</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Buildings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Leasehold improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Equipment</td>
<td></td>
<td>2,941. 1,127</td>
<td>1,814.</td>
<td></td>
</tr>
<tr>
<td>e Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)). 1,814.
### Part VII Investments - Other Securities. See Form 990, Part X, line 12.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total (Column (b) must equal Form 990, Part X, col (b) line 12)

### Part VIII Investments - Program Related. See Form 990, Part X, line 13.

<table>
<thead>
<tr>
<th>(a) Description of investment type</th>
<th>(b) Book value</th>
<th>(c) Method of valuation Cost or end-of-year market value</th>
</tr>
</thead>
</table>

Total (Column (b) must equal Form 990, Part X, col (b) line 13)

### Part IX Other Assets. See Form 990, Part X, line 15.

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
</table>

Total (Column (b) must equal Form 990, Part X, col (b) line 15)

### Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability | (b) Amount

   Federal income taxes

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.
### Part XII Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (Form 990, Part VIII, column (A), line 12)</td>
<td>1</td>
<td>-863,529.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (Form 990, Part IX, column (A), line 25)</td>
<td>2</td>
<td>554,400.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess or (deficit) for the year Subtract line 2 from line 1</td>
<td>3</td>
<td>-1,417,929.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Net unrealized gains (losses) on investments</td>
<td>4</td>
<td>2,233,061.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Donated services and use of facilities</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Investment expenses</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Prior period adjustments</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Other (Describe in Part XIV)</td>
<td>8</td>
<td>-25,785.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Total adjustments (net). Add lines 4 through 8</td>
<td>9</td>
<td>2,207,276.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9</td>
<td>10</td>
<td>789,347.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
<td>1</td>
<td>1,343,747.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12</td>
<td>2a</td>
<td>2,233,061.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Net unrealized gains on investments</td>
<td>2a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Donated services and use of facilities</td>
<td>2b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Recoveries of prior year grants</td>
<td>2c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other (Describe in Part XIV)</td>
<td>2d</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Add lines 2a through 2d</td>
<td>2e</td>
<td>2,233,061.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>3</td>
<td>-889,314.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1</td>
<td>4a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other (Describe in Part XIV)</td>
<td>4b</td>
<td>25,785.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Add lines 4a and 4b</td>
<td>4c</td>
<td>25,785.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)</td>
<td>5</td>
<td>-863,529.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
<td>1</td>
<td>554,400.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25</td>
<td>2a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Donated services and use of facilities</td>
<td>2a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Prior year adjustments</td>
<td>2b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other losses</td>
<td>2c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other (Describe in Part XIV)</td>
<td>2d</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Add lines 2a through 2d</td>
<td>2e</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>3</td>
<td>554,400.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1</td>
<td>4a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other (Describe in Part XIV)</td>
<td>4b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Add lines 4a and 4b</td>
<td>4c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)</td>
<td>5</td>
<td>554,400.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

---

**REALIZED GAIN ON INVESTMENT**

**SCHEDULE D, PART XI, LINE 8**

**ADDITIONAL GAIN ON DISPOSITION OF INVESTMENT SECURITIES INCLUDED ON TAX RETURN NOT REFLECTED ON FINANCIAL STATEMENT.**
**SCHEDULE I (Form 990)**

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

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

**Part I General Information on Grants and Assistance**

1. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  
   - X Yes  □ No

2. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ▶**

<table>
<thead>
<tr>
<th>1</th>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section if applicable</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>THE RAGDALE FOUNDATION</td>
<td>1260 N GREEN BAY ROAD 36-2837927 501(C)(3)</td>
<td>22,800</td>
<td>RESIDENCY FELLOWSHIP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RIVENDELL THEATRE</td>
<td>5775 NORTH RIDGE AVENUE CHICAGO, IL 60660 36-6074148 501(C)(3)</td>
<td>12,000</td>
<td>VISION AWARD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>THE GOODMAN THEATRE</td>
<td>170 NORTH DEARBORN STREET CHICAGO, IL 60601 36-2896025 501(C)(3)</td>
<td>10,000</td>
<td>VISION AWARD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COLUMBIA COLLEGE</td>
<td>600 SOUTH MICHIGAN AVENUE CHICAGO, IL 60605 36-6112087 501(C)(3)</td>
<td>10,000</td>
<td>VISION AWARD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VICTORY GARDENS</td>
<td>2257 NORTH LINCOLN AVENUE CHICAGO, IL 60614 36-2807341 501(C)(3)</td>
<td>7,000</td>
<td>SPECIAL PROJECT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HYDE PARK ART CENTER</td>
<td>5020 SOUTH CORNELL AVENUE CHICAGO, IL 60615 36-2887294 501(C)(3)</td>
<td>10,000</td>
<td>SPECIAL PROJECT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

2. Enter total number of section 501(c)(3) and government organizations

3. Enter total number of other organizations

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
### Part III  Grants and Other Assistance to Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of non-cash assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARTIST AWARDS</td>
<td></td>
<td>€ 90,000</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part IV  Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any other additional information.

**MONITORING USE OF GRANT FUNDS**

**SCHEDULE I, PART I, ITEM 2**

THE ORGANIZATION ONLY MAKES GRANTS TO ORGANIZATIONS THAT SPECIFICALLY PROVIDE FOR OPERATIONS CONSISTENT WITH THE ORGANIZATION'S MISSION. IN BY VIRTUE OF THE SPECIFIC PROGRAM SUPPORTED OR BY THE EXPRESS OPERATIONS OF THE ORGANIZATION.
REVIEW OF FORM 990

PART VI SECTION B ITEM 11A

A DRAFT OF THE FORM 990 AS WELL AS THE AUDITED FINANCIAL STATEMENTS ARE REVIEWED BY THE EXECUTIVE DIRECTOR AND THE ASSOCIATE DIRECTOR PRIOR TO BEING FILED.

CONFLICT OF INTEREST POLICY

PART VI, SECTION B, ITEM 12A

ALL BOARD MEMBERS ARE REQUESTED TO IDENTIFY ANY POTENTIAL CONFLICT OF INTEREST PRIOR TO THE ORGANIZATION ENTERING INTO ANY SIGNIFICANT FINANCIAL AGREEMENT.

PUBLIC DISCLOSURE

PART VI, SECTION C

ALL OF THE ORGANIZATION'S RELEVANT DOCUMENTS ARE AVAILABLE FOR REVIEW UPON REQUEST AT THE ORGANIZATION'S OFFICES DURING NORMAL BUSINESS HOURS.

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

3ARTS SUPPORTS CHICAGO ARTISTS- SPECIFICALLY, WOMEN, PEOPLE OF COLOR, AND PEOPLE WITH DISABILITIES WORKING IN MUSIC, THEATER, & VISUAL ARTS - IN ORDER TO ENRICH, STRENGTHEN, AND SUSTAIN THE ARTS & COMMUNITY.
### FORM 990, PART VIII - INVESTMENT INCOME

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>(A) TOTAL REVENUE</th>
<th>(B) RELATED OR EXEMPT REVENUE</th>
<th>(C) UNRELATED BUSINESS REV.</th>
<th>(D) EXCLUDED REVENUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIVIDEND INCOME</td>
<td>166,288</td>
<td></td>
<td>166,288</td>
<td></td>
</tr>
<tr>
<td>INTEREST INCOME</td>
<td>5,092</td>
<td></td>
<td>5,092</td>
<td></td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td><strong>171,380</strong></td>
<td></td>
<td></td>
<td><strong>171,380</strong></td>
</tr>
</tbody>
</table>

### FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>ENDING BOOK VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREPAID EXPENSES</td>
<td>3,079.</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td><strong>3,079.</strong></td>
</tr>
</tbody>
</table>

### FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>ENDING BOOK VALUE</th>
<th>COST OR FMV</th>
</tr>
</thead>
<tbody>
<tr>
<td>PUBLICLY TRADED SECURITIES</td>
<td>7,949,354.</td>
<td>FMV</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td><strong>7,949,354.</strong></td>
<td></td>
</tr>
</tbody>
</table>
### Part I: Short-Term Capital Gains and Losses - Assets Held One Year or Less

<table>
<thead>
<tr>
<th></th>
<th>(a) Description of property</th>
<th>(b) Date acquired</th>
<th>(c) Date sold</th>
<th>(d) Sales price</th>
<th>(e) Cost or other basis</th>
<th>(f) Gain or (loss) for the entire year Subtract (e) from (d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b 1b \(-156,237\).

2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 2

3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 3

4 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2008 Capital Loss Carryover Worksheet 4 ( )

5 Net short-term gain or (loss). Combine lines 1a through 4 in column (f). Enter here and on line 13, column (3) on the back ▶ 5 \(-156,237\).

### Part II: Long-Term Capital Gains and Losses - Assets Held More Than One Year

<table>
<thead>
<tr>
<th></th>
<th>(a) Description of property</th>
<th>(b) Date acquired</th>
<th>(c) Date sold</th>
<th>(d) Sales price</th>
<th>(e) Cost or other basis</th>
<th>(f) Gain or (loss) for the entire year Subtract (e) from (d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b 6b \(-983,242\).

7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 7

8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 8

9 Capital gain distributions 9

10 Gain from Form 4797, Part I 10

11 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2008 Capital Loss Carryover Worksheet 11 ( )

12 Net long-term gain or (loss). Combine lines 6a through 11 in column (f). Enter here and on line 14a, column (3) on the back ▶ 12 \(-983,242\).

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.
### Part III Summary of Parts I and II

**Caution: Read the instructions before completing this part.**

<table>
<thead>
<tr>
<th>(1) Beneficiaries' (see page 5)</th>
<th>(2) Estate's or trust's</th>
<th>(3) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>13 Net short-term gain or (loss)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Net long-term gain or (loss):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Total for year</td>
<td>14a</td>
<td></td>
</tr>
<tr>
<td>b Unrecaptured section 1250 gain (see line 18 of the wrksh)</td>
<td>14b</td>
<td></td>
</tr>
<tr>
<td>c 28% rate gain</td>
<td>14c</td>
<td></td>
</tr>
<tr>
<td>15 Total net gain or (loss). Combine lines 13 and 14a</td>
<td>15</td>
<td>1,139,479</td>
</tr>
</tbody>
</table>

**Note:** If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 14a and 15, column (2), are net gains, go to Part V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheets necessary.

### Part IV Capital Loss Limitation

16 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of:
   a The loss on line 15, column (3) or
   b $3,000

**Note:** If the loss on line 15, column (3), is more than $3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the Capital Loss Carryover Worksheet on page 7 of the instructions to figure your capital loss carryover.

### Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part only if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.

**Caution:** Skip this part and complete the worksheet on page 8 of the instructions if:
- Either line 14b, col (2) or line 14c, col (2) is more than zero, or
- Both Form 1041, line 2b(t), and Form 4952, line 4g are more than zero.

Form 990-T trusts. Complete this part only if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the worksheet on page 8 of the instructions if either line 14b, col (2) or line 14c, col (2) is more than zero.

17 Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)   17
18 Enter the smaller of line 14a or 15 in column (2) but not less than zero.   18
19 Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)   19
20 Add lines 18 and 19   20
21 If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0-   21
22 Subtract line 21 from line 20. If zero or less, enter -0-   22
23 Subtract line 22 from line 17. If zero or less, enter -0-   23
24 Enter the smaller of the amount on line 17 or $2,300   24
25 Is the amount on line 22 equal to or more than the amount on line 24?
   [ ] Yes. Skip lines 25 and 26, go to line 27 and check the "No" box
   [ ] No. Enter the amount from line 23.   25
26 Subtract line 25 from line 24   26
27 Are the amounts on lines 22 and 26 the same?
   [ ] Yes. Skip lines 27 thru 30, go to line 31
   [ ] No. Enter the smaller of line 17 or line 22   27
28 Enter the amount from line 26. (If line 26 is blank, enter -0-)   28
29 Subtract line 28 from line 27   29
30 Multiply line 29 by 15% (15)   30
31 Figure the tax on the amount on line 23. Use the 2009 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041).   31
32 Add lines 30 and 31   32
33 Figure the tax on the amount on line 17. Use the 2009 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041).   33
34 Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36).   34
### Part I  Short-Term Capital Gains and Losses - Assets Held One Year or Less

<table>
<thead>
<tr>
<th>(a) Description of property (Example: 100 sh 7% preferred of &quot;Z&quot; Co.)</th>
<th>(b) Date acquired (mo., day, yr.)</th>
<th>(c) Date sold (mo., day, yr.)</th>
<th>(d) Sales price (see page 4 of the instructions)</th>
<th>(e) Cost or other basis (see page 4 of the instructions)</th>
<th>(f) Gain or (loss) Subtract (e) from (d)</th>
</tr>
</thead>
<tbody>
<tr>
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<td>VAR</td>
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<td>786,342.</td>
<td>-156,237.</td>
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</table>

1b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 1b: **-156,237.**

For Paperwork Reduction Act Notice, see the instructions for Form 1041.
### Part II  Long-Term Capital Gains and Losses - Assets Held More Than One Year

<table>
<thead>
<tr>
<th>(a) Description of property (Example 100 sh 7% preferred of 'Z' Co.)</th>
<th>(b) Date acquired (mo., day, yr.)</th>
<th>(c) Date sold (mo., day, yr.)</th>
<th>(d) Sales price (see page 4 of the instructions)</th>
<th>(e) Cost or other basis (see page 4 of the instructions)</th>
<th>(f) Gain or (loss) Subtract (e) from (d)</th>
</tr>
</thead>
<tbody>
<tr>
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**6b  Total. Combine the amounts in column (f). Enter here and on Schedule D, line 6b**  

-983,242.
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<th>Basis Reduction</th>
<th>Basis for depreciation</th>
<th>Beginning Accumulated depreciation</th>
<th>Ending Accumulated depreciation</th>
<th>Method</th>
<th>Conv</th>
<th>Life</th>
<th>ACRS class</th>
<th>MA CRS class</th>
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<th>Current-year depreciation</th>
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Less Retired Assets ...........................

Subtotals ...................................... 2,941 2,941 539 1,127

 Listed Property

Less Retired Assets ...........................

Subtotals ......................................

TOTALS ........................................... 2,941 2,941 539 1,127 588

### AMORTIZATION

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<th>Ending Accumulated amortization</th>
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<th>Life</th>
<th>Current-year amortization</th>
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TOTALS .................................

*Assets Retired

JSA 9X0024 1 000
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Sales are listed at Gross Proceeds less commissions and option premiums.

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<tr>
<th>Number of shares</th>
<th>CUSIP</th>
<th>Description</th>
<th>Date Acquired</th>
<th>Date of Sale</th>
<th>Stocks Bonds, etc.</th>
<th>Cost or other Basis</th>
<th>Net Gain or Loss</th>
<th>Federal Income Tax Withheld</th>
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This is important tax information and is being furnished to you.
## 2009 Tax Information Statement

**Account Number:** 23-88051  
**Recipient's Tax ID number:** XX-XXX7637  
**Recipient's Name and Address:**  
THE THREE ARTS CLUB OF CHICAGO INC  
180 N. MICHIGAN AVE. STE. 305  
CHICAGO, IL 60601-7441

<table>
<thead>
<tr>
<th>Number of shares</th>
<th>CUSIP</th>
<th>Description</th>
<th>Date Acquired</th>
<th>Date of Sale</th>
<th>Stocks Bonds, etc.</th>
<th>Cost or other Basis</th>
<th>Net Gain or Loss</th>
<th>Federal Income Tax Withheld</th>
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## 2009 Tax Information Statement

**Account Number:** 23-88051  
**Recipient’s Tax ID number:** XX-XXX7637

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<table>
<thead>
<tr>
<th>Number of shares</th>
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<th>Stocks Bonds, etc.</th>
<th>Cost or other Basis</th>
<th>Net Gain or Loss</th>
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## 2009 Tax Information Statement

**Account Number:** 23-88051  
**Recipient’s Tax ID number:** XX-XXX7637  
**Recipient’s Name and Address:** THE THREE ARTS CLUB OF CHICAGO INC  
180 N. MICHIGAN AVE. STE. 305  
CHICAGO, IL 60601-7441

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## 2009 Tax Information Statement

**Account Number:** 23-88051  
**Recipient's Tax ID number:** XX-XXX7637  
**Recipient's Name and Address:**

THE THREE ARTS CLUB OF CHICAGO INC  
180 N. MICHIGAN AVE. STE. 305  
CHICAGO, IL 60601-7441

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## 2009 Tax Information Statement

**Account Number:** 23-88051  
**Recipient's Tax ID number:** XX-XXX7637

**Recipient's Name and Address:**  
THE THREE ARTS CLUB OF CHICAGO INC  
180 N. MICHIGAN AVE. STE. 305  
CHICAGO, IL 60601-7441

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180 N. MICHIGAN AVE. STE. 305  
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This is important tax information and is being furnished to you.
2009 Tax Information Statement

Account Number: 23-88051
Recipient's Tax ID number: XX-xxxx7637

Recipient's Name and Address
THE THREE ARTS CLUB OF CHICAGO INC
180 N. MICHIGAN AVE. STE. 305
CHICAGO, IL 60601-7441

Corrected
☐ 2nd TIN notice

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### 2009 Tax Information Statement

- **Account Number:** 23-88051  
- **Recipient's Tax ID number:** XX-XXXX7637  
- **Recipient's Name and Address:** THE THREE ARTS CLUB OF CHICAGO INC  
  180 N. MICHIGAN AVE. STE. 305  
  CHICAGO, IL 60601-7441

- **Corrected**  
- **2nd TIN notice**

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## 2009 Tax Information Statement

**Account Number:** 23-88051  
**Recipient's Tax ID number:** XX-XXX7637

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### THE NORTHERN TRUST COMPANY
P.O. BOX 803878  
CHICAGO, IL 60680

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This is important tax information and is being furnished to you.
# 2009 Tax Information Statement

**Account Number:** 23-88051  
**Recipient's Name and Address:** THE THREE ARTS CLUB OF CHICAGO INC  
**Recipient's Tax ID number:** XX-XXX7637  
**Address:** 180 N. MICHIGAN AVE. STE. 305  
**City:** CHICAGO  
**State:** IL  
**Zip Code:** 60601-7441

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*This is important tax information and is being furnished to you.*
## 2009 Tax Information Statement

Account Number: 23-88051  
Recipient's Tax ID number: XX-XXX7637

Recipient's Name and Address:  
THE THREE ARTS CLUB OF CHICAGO INC  
180 N. MICHIGAN AVE. STE. 305  
CHICAGO, IL 60601-7441

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This is important tax information and is being furnished to you.
### 2009 Tax Information Statement

**Recipient's Name and Address**
THE THREE ARTS CLUB OF CHICAGO INC
180 N. MICHIGAN AVE. STE. 305
CHICAGO, IL 60601-7441

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**Long Term 15% Sales**

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# 2009 Tax Information Statement

**Account Number:** 23-88051  
**Recipient's Tax ID Number:** XX-XXX7637

**Recipient's Name and Address:**  
THE THREE ARTS CLUB OF CHICAGO INC  
180 N. MICHIGAN AVE. STE. 305  
CHICAGO, IL 60601-7441

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This is important tax information and is being furnished to you.
## 2009 Tax Information Statement

### Account Number: 23-88051
### Recipient’s Tax ID number: XX-XXX7637

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### Recipient’s Name and Address

THE THREE ARTS CLUB OF CHICAGO INC  
180 N. MICHIGAN AVE. STE. 305  
CHICAGO, IL 60601-7441

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## 2009 Tax Information Statement

**Account Number:** 23-88051  
**Recipient's Tax ID number:** XX-XXX7637  
**Recipient's Name and Address:**
THE THREE ARTS CLUB OF CHICAGO INC  
180 N. MICHIGAN AVE. STE. 305  
CHICAGO, IL 60601-7441

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**Recipient's Name and Address**
THE THREE ARTS CLUB OF CHICAGO INC
180 N. MICHIGAN AVE. STE. 305
CHICAGO, IL 60601-7441

**Account Number:** 23-88051  
**Recipient's Tax ID number:** XX-XXX7637

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*This is important tax information and is being furnished to you.*
### 2009 Tax Information Statement

**Account Number:** 23-88051  
**Recipient's Tax ID number:** XX-XXX7637  
**Recipient’s Name and Address:** THE THREE ARTS CLUB OF CHICAGO INC  
180 N. MICHIGAN AVE. STE. 305  
CHICAGO, IL 60601-7441

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## 2009 Tax Information Statement

**Account Number:** 23-88051  
**Recipient's Tax ID number:** XX-XX7637

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**THE NORTHERN TRUST COMPANY**  
P.O. BOX 803878  
CHICAGO, IL 60680

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## 2009 Tax Information Statement

**Account Number:** 23-88051  
**Recipient's Tax ID number:** XX-XXXX7637

**Recipient's Name and Address:**  
THE THREE ARTS CLUB OF CHICAGO INC  
180 N. MICHIGAN AVE. STE. 305  
CHICAGO, IL 60601-7441

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# 2009 Tax Information Statement

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This is important tax information and is being furnished to you.
2009 Tax Information Statement

Account Number: 23-88051
Recipient's Tax ID number: XX-XXX7637

THE NORTHERN TRUST COMPANY
P.O. BOX 803878
CHICAGO, IL 60680

Recipient's Name and Address
THE THREE ARTS CLUB OF CHICAGO INC
180 N. MICHIGAN AVE. STE. 305
CHICAGO, IL 60601-7441

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CHICAGO, IL 60601-7441

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# 2009 Tax Information Statement

**Account Number:** 23-88051
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**Recipient’s Name and Address:**

THE THREE ARTS CLUB OF CHICAGO INC  
180 N. MICHIGAN AVE. STE. 305  
CHICAGO, IL 60601-7441

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This is important tax information and is being furnished to you.
## 2009 Tax Information Statement

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**Recipient’s Tax ID number:** XX-XXXX7637  
**Recipient’s Name and Address:** THE THREE ARTS CLUB OF CHICAGO INC  
180 N. MICHIGAN AVE. STE. 305  
CHICAGO, IL 60601-7441

**Date Acquired** | **Date of Sale** | **Stocks and Bonds, etc.** | **Cost or other Basis** | **Net Gain or Loss** | **Federal Income Tax Withheld**
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This is important tax information and is being furnished to you.
## 2009 Tax Information Statement

### Account Number:
23-8051

### Recipient's Name and Address
THE THREE ARTS CLUB OF CHICAGO INC  
180 N. MICHIGAN AVE. STE. 305  
CHICAGO, IL 60601-7441

### Recipient's Tax ID number:
XX-XX7637

### Corrected
☐  

### 2nd TIN notice
☐  

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### 2009 Tax Information Statement

**Account Number:** 23-88051  
**Recipient's Tax ID number:** XX-XXX7637  
**Recipient's Name and Address:** THE THREE ARTS CLUB OF CHICAGO INC  
**Address:** 180 N. MICHIGAN AVE. STE. 305  
**City, State, Zip:** CHICAGO, IL 60601-7441

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# 2009 Tax Information Statement

**Account Number:** 23-88051  
**Recipient's Tax ID number:** XX-XXXX7637  
**Recipient's Name and Address:** THE THREE ARTS CLUB OF CHICAGO INC  
180 N. MICHIGAN AVE. STE. 305  
CHICAGO, IL 60601-7441

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*This is important tax information and is being furnished to you.*
# 2009 Tax Information Statement

**Account Number:** 23-88051  
**Recipient's Tax ID number:** XX-XXX7637  
**Recipient's Name and Address:** THE THREE ARTS CLUB OF CHICAGO INC  
180 N. MICHIGAN AVE. STE. 305  
CHICAGO, IL 60601-7441

<table>
<thead>
<tr>
<th>Number of shares</th>
<th>CUSIP</th>
<th>Description</th>
<th>Date Acquired</th>
<th>Date of Sale</th>
<th>Stocks Bonds, etc.</th>
<th>Cost or other Basis</th>
<th>Net Gain or Loss</th>
<th>Federal Income Tax Withheld</th>
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<tr>
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<td>231021106</td>
<td>CUMMINS ENGINE INC...</td>
<td>09/20/2007</td>
<td>12/15/2009</td>
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<td>J P MORGAN CHASE &amp; CO</td>
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<td>12/16/2009</td>
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<td>9,345.71</td>
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**Total Long Term 15% Sales**  
906,853.61  1,332,001.45  -425,147.84  0.00
Application for Extension of Time To File an Exempt Organization Return

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I  Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only.

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Check type of return to be filed (file a separate application for each return):

- Form 990
- Form 990-BL
- Form 990-EZ
- Form 990-PF
- Form 990-T (corporation)
- Form 990-T (sec 401(a) or 408(a) trust)
- Form 990-T (trust other than above)
- Form 1041-A

If the organization does not have an office or place of business in the United States, check this box.

If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) for the whole group, check this box. If it is for part of the group, check this box.

1  I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time for the exempt organization return for the organization named above. The extension is for the organization's return for:

   a calendar year 2009 or
   a tax year beginning ,  , and ending .

2  If this tax year is for less than 12 months, check reason

   □ Initial return □ Final return □ Change in accounting period

3a  If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

3b  If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

3c  Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 4-2009)