

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2007

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning **JUL 1, 2007** and ending **JUN 30, 2008**

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
CENTER ON HALSTED

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
3656 NORTH HALSTED

City or town, state or country, and ZIP + 4
CHICAGO, IL 60613

D Employer identification number
51-0178807

E Telephone number
(773) 472-6469

F Accounting method: Cash Accrual
 Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: ▶ **WWW.CENTERONHALSTED.ORG**

J Organization type (check only one) ▶ 501(c) (**3**) ◀ (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **5,476,406.**

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

H and I are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶ **N/A**
H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number ▶ **N/A**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	3,333,512.	
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d	969,310.	
	e	Total (add lines 1a through 1d) (cash \$ 4,284,731. noncash \$ 18,091.)	1e		4,302,822.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		440,643.
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4		
	5	Dividends and interest from securities	5		110,794.
	6a	Gross rents SEE STATEMENT 1	6a	200,000.	
	6b	Less: rental expenses	6b		
6c	Net rental income or (loss). Subtract line 6b from line 6a	6c		200,000.	
7	Other investment income (describe)	7			
Expenses	8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	b	Less: cost or other basis and sales expenses	8a		
	c	Gain or (loss) (attach schedule)	8b		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8c		
	8d				
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	a	Gross revenue (net including \$ 830,521. of contributions reported on line 1b)	9a	422,147.	
	b	Less: direct expenses other than fundraising expenses	9b	422,147.	
9c	Net income or (loss) from special events. Subtract line 9b from line 9a SEE STATEMENT 2	9c		0.	
Net Assets	10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less: cost of goods sold	10b		
	10c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		
	11	Other revenue (from Part VII, line 103)	11		
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		5,054,259.
13	Program services (from line 44, column (B))	13		3,090,117.	
14	Management and general (from line 44, column (C))	14		649,647.	
15	Fundraising (from line 44, column (D))	15		428,773.	
16	Payments to affiliates (attach schedule)	16			
17	Total expenses. Add lines 16 and 44, column (A)	17		4,168,537.	
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18		885,722.	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		19,410,353.	
20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20		-19,278.	
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		20,276,797.	

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.

Table with 3 columns: Type or print, Name of Exempt Organization, Employer identification number. Includes address: CENTER ON HALSTED, 3656 NORTH HALSTED, CHICAGO, IL 60613.

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

- Form 990, Form 990-EZ, Form 990-T (sec. 401(a) or 408(a) trust), Form 1041-A, Form 5227, Form 8870, Form 990-BL, Form 990-PF, Form 990-T (trust other than above), Form 4720, Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of LEWIS WARRICK, Telephone No. (773) 472-6469, FAX No.
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)

- I request an additional 3-month extension of time until MAY 15, 2009
For calendar year, or other tax year beginning JUL 1, 2007, and ending JUN 30, 2008
If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period

State in detail why you need the extension: ADDITIONAL TIME IS REQUIRED TO GATHER INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.

Table with 3 rows (8a, 8b, 8c) and 2 columns (Amount, Unit). 8a: tentative tax, less any nonrefundable credits. 8b: refundable credits and estimated tax payments. 8c: Balance Due.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature: [Handwritten Signature] Title: CPA Date: 2-11-09

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

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 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*.

Type or print	Name of Exempt Organization CENTER ON HALSTED	Employer identification number 51-0178807
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 3656 NORTH HALSTED	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICAGO, IL 60613	

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

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **MICHAEL HOGAN**
Telephone No. ▶ **(773) 472-6469** FAX No. ▶ _____
- 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) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 16, 2009**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or

▶ tax year beginning **JUL 1, 2007**, and ending **JUN 30, 2008**.

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.	3a	\$
b	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.	3b	\$
c	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.	3c	\$ N/A

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.

Part II Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 • noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 0 • noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	139,078.	105,888.	20,377.	12,813.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	1,657,658.	1,262,067.	242,872.	152,719.
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a-27	167,401.	142,109.	4,328.	20,964.
29 Payroll taxes	153,004.	129,197.	4,906.	18,901.
30 Professional fundraising fees				
31 Accounting fees	44,459.	30,277.	2,948.	11,234.
32 Legal fees	57,325.	39,039.	3,802.	14,484.
33 Supplies	137,395.	108,807.	24,510.	4,078.
34 Telephone	51,194.	43,309.	5,956.	1,929.
35 Postage and shipping	23,933.	3,178.	3,547.	17,208.
36 Occupancy	286,193.	245,737.	36,324.	4,132.
37 Equipment rental and maintenance	82,394.	7,622.	74,772.	
38 Printing and publications	108,664.	60,596.	12,549.	35,519.
39 Travel				
40 Conferences, conventions, and meetings	79,912.	40,973.	31,296.	7,643.
41 Interest	72,366.		72,366.	
42 Depreciation, depletion, etc. (attach schedule)	586,556.	503,641.	74,447.	8,468.
43 Other expenses not covered above (itemize):				
a CONTRACTUAL FEES	321,341.	218,839.	21,311.	81,191.
b INSURANCE	49,528.	42,527.	6,286.	715.
c ADVERTISING &				
d PROMOTION	132,462.	96,973.		35,489.
e DUES & SUBSCRIPTIONS	7,257.	455.	5,681.	1,121.
f EVENTS	8,883.	8,883.		
g MISCELLANEOUS	1,534.		1,369.	165.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	4,168,537.	3,090,117.	649,647.	428,773.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

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

What is the organization's primary exempt purpose? ▶ LESBIAN, BISEXUAL, GAY AND TRANSGENDERED COMMUNITY SERVICES.	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a SEE STATEMENT 4 	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	889,850.
b SEE STATEMENT 5 	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	763,894.
c SEE STATEMENT 6 	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	148,995.
d SEE STATEMENT 7 	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	1,287,378.
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	3,090,117.

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
Assets	45	Cash - non-interest-bearing	243,261.	45	26,349.
	46	Savings and temporary cash investments	500,488.	46	886,164.
	47 a	Accounts receivable		47a	
	b	Less: allowance for doubtful accounts		47b	47c
	48 a	Pledges receivable	2,636,720.	48a	
	b	Less: allowance for doubtful accounts	191,930.	48b	48c
	49	Grants receivable	703,694.	49	1,600,884.
	50 a	Receivables from current and former officers, directors, trustees, and key employees		50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a	Other notes and loans receivable		51a	
	b	Less: allowance for doubtful accounts		51b	51c
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	123,748.	53	104,202.
	54 a	Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a	
	b	Investments - other securities STMT 11 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	250,245.	54b	164,376.
	55 a	Investments - land, buildings, and equipment: basis		55a	
	b	Less: accumulated depreciation		55b	55c
	56	Investments - other	0.	56	0.
	57 a	Land, buildings, and equipment: basis	22,636,628.	57a	
b	Less: accumulated depreciation STMT 8	699,765.	57b	57c	
58	Other assets, including program-related investments (describe SEE STATEMENT 9)	490,394.	58	491,961.	
59	Total assets (must equal line 74). Add lines 45 through 58	27,297,845.	59	27,655,589.	
Liabilities	60	Accounts payable and accrued expenses	5,489,569.	60	5,030,869.
	61	Grants payable		61	
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees		63	
	64 a	Tax-exempt bond liabilities		64a	
	b	Mortgages and other notes payable STMT 10	2,397,923.	64b	2,347,923.
	65	Other liabilities (describe)		65	
66	Total liabilities. Add lines 60 through 65	7,887,492.	66	7,378,792.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted	16,304,811.	67	17,078,259.
	68	Temporarily restricted	3,105,542.	68	3,198,538.
	69	Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	19,410,353.	73	20,276,797.	
74	Total liabilities and net assets/fund balances. Add lines 66 and 73	27,297,845.	74	27,655,589.	

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		X
82b	N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		
84 b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
85 b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
85 c	Dues, assessments, and similar amounts from members		
85 d	Section 162(e) lobbying and political expenditures		
85 e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85 f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85 g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85 h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 b Gross receipts, included on line 12, for public use of club facilities		
86 a	N/A		
86 b	N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
87 a	N/A		
87 b	N/A		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
88 b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.		
89 b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89 c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
89 d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
89 e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89 f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89 g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
90 a	List the states with which a copy of this return is filed IL		
90 b	Number of employees employed in the pay period that includes March 12, 2007	90b	38
91 a	The books are in care of LEWIS WARRICK Telephone no. (773) 472-6469 Located at 3656 NORTH HALSTED, CHICAGO, IL ZIP + 4 60613		
91 b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 Yes No N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a COUNSELING AND					
b PSYCHOTHERAPY SERVICES					133,210.
c OTHER INCOME					307,433.
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	110,794.	
97 Net rental income or (loss) from real estate:					
a debt-financed property	531120	44,912.	16	155,088.	
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		44,912.		265,882.	440,643.
105 Total (add line 104, columns (B), (D), and (E))					751,437.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	TO PROVIDE COUNSELING AND PSYCHOTHERAPY SERVICES
93C	TO SUPPORT PROGRAMS AND COMMUNITY SERVICES FOR GAYS AND LESBIANS

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer: Modesto Valle Date: 4-6-09
 Type or print name and title: MODESTO VALLE, EXECUTIVE DIRECTOR

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 3-31-09 Check if self-employed: Preparer's SSN or PTIN (See Gen. Inst. X): _____
 Firm's name (or yours if self-employed), address, and ZIP + 4: RSM MCGLADREY INC
ONE SOUTH WACKER DRIVE, SUITE 800
CHICAGO, IL 60606-3392 EIN: _____ Phone no.: 312-634-3400

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

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

OMB No. 1545-0047

2007

Name of the organization CENTER ON HALSTED	Employer identification number 51 0178807
--	---

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
COURTNEY REID 3656 NORTH HALSTED, CHICAGO, IL 60613	SR DIRECTOR-PROGRAMS 40.00	72,180.	1,682.	0.
LORI KING 3656 NORTH HALSTED, CHICAGO, IL 60613	DIR OF COMMUNICATION 40.00	69,875.	12,798.	0.
JANINE DENOMME 3656 NORTH HALSTED, CHICAGO, IL 60613	YOUTH PROGRAM DIR 40.00	55,455.	7,932.	0.
JIM KLEIN 3656 NORTH HALSTED, CHICAGO, IL 60613	IT & OPERATIONS DIR 40.00	65,000.	8,056.	0.
CARLA CARTER 3656 NORTH HALSTED, CHICAGO, IL 60613	PROGRAMMING DIRECTOR 40.00	56,000.	9,758.	0.
Total number of other employees paid over \$50,000	▶ 2			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
POWER CONSTRUCTION 2360 N PALMER DR, SCHAUMBURG, IL 60173-3818	ARCHITECTURAL	154,573.
GENSLER 4549 COLLECTIONS CENTER DRIVE, CHICAGO, IL 60693	ARCHITECTURAL	71,139.
KATHLEEN HECHINGER 1522 ISABELLA, WILMETTE, IL 60091	FINANCIAL MANAGEMENT	55,280.

Total number of others receiving over \$50,000 for professional services	▶ 0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
HARVARD MAINTENANCE 570 SEVENTH AVE, NEW YORK, NY 10018	JANITORIAL SERVICES	118,158.
POLARIS CREATIVE PARTNERS CORP 401 N MICHIGAN AVE, STE 725, CHICAGO, IL 60611	DESIGN SERVICES	56,677.
CITYWIDE SECURITY 4032 N MILWAUKEE AVE., CHICAGO, IL 60641	CONTRACTED SECURITY GUARDS	50,461.

Total number of other contractors receiving over \$50,000 for other services	▶ 0	

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	X	
e Transfer of any part of its income or assets?		X
3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
b Did the organization have a section 403(b) annuity plan for its employees?	X	
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b Did the organization make any taxable distributions under section 4966?		N/A
c Did the organization make a distribution to a donor, donor advisor, or related person?		N/A
d Enter the total number of donor advised funds owned at the end of the tax year		N/A
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		N/A
f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0.
g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year		0.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	7,620,765.	6,197,497.	2,856,031.	5,558,599.	22,232,892.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	938,997.	124,846.	93,940.	392,371.	1,550,154.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	212,297.	26,429.	6,925.	35,787.	281,438.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	8,772,059.	6,348,772.	2,956,896.	5,986,757.	24,064,484.
24 Line 23 minus line 17	7,833,062.	6,223,926.	2,862,956.	5,594,386.	22,514,330.
25 Enter 1% of line 23	87,721.	63,488.	29,569.	59,868.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 450,287.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 22,514,330.
d Add: Amounts from column (e) for lines: 18 281,438. 19 _____ 22 _____ 26b _____					26d 281,438.
e Public support (line 26c minus line 26d total)					26e 22,232,892.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 98.7500%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		

32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		

33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		

34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended?		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.) N/A
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Affiliated group totals	(b) To be completed for all electing organizations
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table -		
If the amount on line 40 is - The lobbying nontaxable amount is -		
Not over \$500,000 20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000	41	
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000 \$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.) N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization

CENTER ON HALSTED

Employer identification number

51-0178807

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.)

General Rule-

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules-

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ► \$

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions
for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization CENTER ON HALSTED	Employer identification number 51-0178807
--	---

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ILLINOIS DEPARTMENT OF PUBLIC HEALTH 525-535 WEST JEFFERSON STREET SPRINGFIELD, IL 62761-0001	\$ 615,920.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	ALPHAWOOD FOUNDATION 2452 NORTH LINCOLN AVE, SUITE 205 CHICAGO, IL 60614-2422	\$ 1,050,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	POLK BROTHERS FOUNDATION 20 W. KINZIE, SUITE 1110 CHICAGO, IL 60654-5815	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	DEPARTMENT OF CHILDREN AND YOUTH SERVICES 1615 W. CHICAGO AVE, SECOND FLOOR CHICAGO, IL 60622	\$ 106,312.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FORM 990 RENTAL INCOME STATEMENT 1

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
WHOLE FOODS AND CENTER ON HALSTED BUILDING	1	200,000.
TOTAL TO FORM 990, PART I, LINE 6A		200,000.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 2

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
ANNUAL GALA	1252668.	830,521.	422,147.	422147.	0.
TO FM 990, PART I, LINE 9	1252668.	830,521.	422,147.	422147.	0.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 3

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS	-19,278.
TOTAL TO FORM 990, PART I, LINE 20	-19,278.

DESCRIPTION OF PROGRAM SERVICE ONEHOTLINE AND MENTAL HEALTH SERVICES:STATE OF ILLINOIS AIDS/HIV & STD HOTLINE AND HIV TESTING & PREVENTION PROGRAM

THE FREE AND ANONYMOUS AIDS/HIV & STD HOTLINE PROVIDES CALLERS WITH THE MOST UP-TO-DATE, MEDICALLY-ACCURATE INFORMATION ON AIDS/HIV AND SEXUALLY-TRANSMITTED DISEASES (STDs), EMOTIONAL SUPPORT, AND STATE-WIDE REFERRALS FOR HEALTHCARE AND SOCIAL SERVICES RELATED TO AIDS/HIV AND STDs. THE AIDS/HIV & STD HOTLINE, FUNDED BY THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH, IS RUN ENTIRELY BY TRAINED PROFESSIONALS WHO HAVE UNDERGONE A COMPREHENSIVE AIDS/HIV AND STD INSTRUCTIONAL PROGRAM. THIS PROGRAM, ALONG WITH STATE-OF-THE-ART DATABASE TECHNOLOGY, ENABLES COUNSELORS TO PROVIDE A WEALTH OF INFORMATION AND REFERRALS TO CALLERS.

THE AIDS/HIV & STD HOTLINE OPERATES DAILY FROM 8:00 A.M. TO 10:00 P.M... SPANISH-SPEAKING RESOURCE COUNSELORS ARE AVAILABLE DURING ALL DAY AND EVENING SHIFTS.

THE NEWEST ADDITION TO OUR HIV SERVICES IS HIV TESTING, ALSO FUNDED BY THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH. IN ADDITION TO RAPID HIV TESTING, OUR STAFF PROVIDES CLIENTS WITH EMOTIONAL SUPPORT, THE MOST UP-TO-DATE, MEDICALLY-ACCURATE INFORMATION ON HIV, AIDS, AND SEXUALLY-TRANSMITTED DISEASES (STDs), AND STATE-WIDE REFERRALS FOR HEALTHCARE AND SOCIAL SERVICES RELATED TO HIV, AIDS, AND STDs. IN THE EVENT OF AN HIV POSITIVE TEST RESULT, THE PROGRAM WILL LINK CLIENTS TO CARE SO THE CLIENT MAY ACCESS CASE MANAGEMENT SERVICES, MEDICAL CARE, AND ADDITIONAL SERVICES. KNOWING THAT HIV TESTING CAN BE AN EMOTIONAL EXPERIENCE, THE PROGRAM ALSO HAS CLINICAL SERVICES AVAILABLE FOR PERSONS WHO ARE TESTED AND NEED TO SPEAK TO A MENTAL HEALTH PROFESSIONAL.

MENTAL HEALTH

CENTER ON HALSTED HAS BEEN MEETING THE PSYCHOSOCIAL NEEDS OF CHICAGO'S LESBIAN, GAY, BISEXUAL AND TRANSGENDER (LGBT) COMMUNITY FOR MORE THAN 25 YEARS. THE COH MENTAL HEALTH TEAM HAS EXPERIENCE WORKING WITH CLIENTS WHO ARE FACING CHALLENGES IN THEIR LIVES INCLUDING ASSESSING AND TREATING

CONDITIONS SUCH AS ANXIETY AND DEPRESSION; OFFERING SUPPORT DURING A DIFFICULT PHASE OF LIFE (I.E., THE LOSS OF A LOVED ONE, SEXUAL ABUSE, TRAUMA); EXPLORING IMPORTANT ISSUES SUCH AS LEARNING TO BUILD HEALTHY RELATIONSHIPS, SEXUAL ORIENTATION AND IDENTITY, SELF ESTEEM AND CONFIDENCE, PERSONAL GROWTH, LIVING WITH AN HIV-POSITIVE OR BREAST CANCER DIAGNOSIS. CENTER ON HALSTED PROVIDES INDIVIDUAL AND GROUP THERAPY FOR LOW- AND MODERATE-INCOME PEOPLE LIVING WITH HIV. GROUPS HAVE BEEN TARGETED TO NEWLY INFECTED PEOPLE, PEOPLE IN THEIR TWENTIES AND MEMBERS OF SERO-DISCORDANT COUPLES. COH HAS THE ABILITY TO CONDUCT BOTH INTAKE AND THERAPY SESSIONS IN ENGLISH AND SPANISH. IN ADDITION, A COH CONTRACT THERAPIST IS FLUENT IN ASL AND CAN PROVIDE CULTURALLY COMPETENT SERVICES TO THE DEAF AND HARD-OF-HEARING COMMUNITIES.

TO FORM 990, PART III, LINE A

GRANTS	EXPENSES
	889,850.

DESCRIPTION OF PROGRAM SERVICE TWO

YOUTH AND VOLUNTEER SERVICES:

THE COH YOUTH PROGRAM HELPS YOUTH IMPROVE LIFELONG ACHIEVEMENT GOALS AND BECOME PRODUCTIVE CITIZENS. IT DOES THIS BY HELPING YOUTH INCREASE THEIR SENSE OF SELF-RESPECT AND CONFIDENCE AND GAIN THE KNOWLEDGE NEEDED TO ATTAIN EDUCATIONAL, CAREER, AND OTHER LIFE GOALS. THE YOUTH PROGRAM HAS FOUR MAIN AREAS: EDUCATIONAL/VOCATIONAL ASSISTANCE, LEADERSHIP DEVELOPMENT, PREVENTION, AND FITNESS.

VOLUNTEERS HAVE LONG BEEN AN INTEGRAL PART OF CENTER ON HALSTED. FOUNDED BY VOLUNTEERS IN 1972 AS HORIZONS COMMUNITY SERVICES TO PROVIDE SOCIAL SERVICES TO LESBIANS AND GAY MEN IN THE CHICAGO METROPOLITAN AREA, CENTER ON HALSTED HAS EVOLVED FROM THE CHANGING AND DEVELOPING NEEDS OF OUR COMMUNITY. WITH THE VISION AND MOTIVATION OF OUR VOLUNTEER LEADERSHIP, CENTER ON HALSTED WILL OPEN IN SPRING 2007 AS THE MOST INNOVATIVE AND COMPREHENSIVE LGBT COMMUNITY CENTER IN THE NATION.

VOLUNTEERS CONTINUE TO SERVE WITH THE CENTER IN VARIOUS CAPACITIES, WHETHER IT IS BY ANSWERING PHONES WHILE STAFFING OUR LGBT INFO LINE, JOINING OUR NETWORK OF TRAINED AND LICENSED VOLUNTEER THERAPISTS, HELPING OUT IN THE YOUTH PROGRAM, OR LENDING A HAND AT SPECIAL EVENTS AND FUNDRAISERS. THE HELP OF OUR VOLUNTEERS IS CRITICAL TO THE AGENCY AND WE APPRECIATE ALL THE DEDICATED INDIVIDUALS WHO SHARE THEIR TIME AND EXPERTISE WITH US.

ALL VOLUNTEERS MUST FIRST ATTEND ONE OF OUR MONTHLY ORIENTATION SESSIONS. THESE TWO HOUR LONG ORIENTATIONS ARE AN OPPORTUNITY FOR YOU TO LEARN ABOUT VOLUNTEER OPPORTUNITIES AVAILABLE AT THE CENTER AND A CHANCE FOR US TO LEARN OF THE SKILLS, TALENTS, AND EXPERIENCE YOU HAVE TO OFFER.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE B	<u> </u>	<u>763,894.</u>

DESCRIPTION OF PROGRAM SERVICE THREE

ANTI-VIOLENCE PROJECT:

CENTER ON HALSTED'S ANTI-VIOLENCE PROJECT (AVP) WAS CREATED IN 1988 IN RESPONSE TO THE GROWING NEED FOR VICTIM ASSISTANCE FOR LESBIAN, GAY, BISEXUAL, TRANSGENDER AND HIV-POSITIVE (LGBTH) PEOPLE. AVP IS THE ONLY LGBT-SPECIFIC PROGRAM COMMITTED TO ADDRESSING VIOLENCE AGAINST AND WITHIN LGBT COMMUNITIES IN ILLINOIS. IT HAS BECOME A CORNERSTONE OF RECOVERY FOR MANY LGBTH VICTIMS OF HATE CRIMES, DOMESTIC VIOLENCE, AND SEXUAL ASSAULT IN THE CHICAGO AREA. VERY FEW OTHER ORGANIZATIONS PROVIDE VICTIM ASSISTANCE THAT MEETS THE NEEDS OF THIS POPULATION-NEEDS WHICH CONTINUE TO EXCEED AVAILABLE COMMUNITY RESOURCES.

AVP PROVIDES A 24-HOUR CRISIS HOTLINE, FOLLOW-UP SERVICES, CASE MANAGEMENT, INDIVIDUAL THERAPY, COURT ACCOMPANIMENT, ASSISTANCE IN ACQUIRING VICTIM COMPENSATION, INFORMATION AND REFERRALS, LEGAL AND MEDICAL ADVOCACY, TRAININGS, PUBLIC OUTREACH AND EDUCATION, AND BATTERER REFERRALS. FOR VICTIMS, AVP DELIVERS A CONTINUUM OF SERVICES-FROM THE MOMENT OF AN EMERGENCY CRISIS CALL THROUGH ENSUING LEGAL COMPLICATIONS AND EFFORTS TO HEAL FROM PHYSICAL AND EMOTIONAL PAIN. FOR COMMUNITIES, AVP CREATES AWARENESS AND BUILDS CAPACITY TO EFFECTIVELY MEET THE NEEDS OF UNDERSERVED POPULATIONS.

	<u>GRANTS</u>	<u>EXPENSES</u>
TO FORM 990, PART III, LINE C		148,995.

DESCRIPTION OF PROGRAM SERVICE FOUR

COMMUNITY PROGRAMMING SERVICES, ANCILLARY SERVICES AND PROGRAM GENERAL:

IN ADDITION TO OFF-SITE PROGRAMS IN PARTNERSHIP WITH MAINSTREAM INSTITUTIONS SUCH AS THE MUSEUM OF CONTEMPORARY ART AND THE CHICAGO HISTORY MUSEUM, COH HAS DEVELOPED A TRACK RECORD OF SUCCESSFULLY PRODUCING AND SPONSORING EVENTS IN COLLABORATION WITH OTHER ORGANIZATIONS SUCH AS LYRIC OPERA OF CHICAGO, CLIMBING POETREE COLLECTIVE, CHICAGO ARTISTS MONTH, CHICAGO HUMANITIES FESTIVAL, AND NUMEROUS INDEPENDENT ARTISTS, WRITERS, POETS, AND MUSICIANS. IN ITS COLLABORATION WITH LYRIC OPERA OF CHICAGO, FOR EXAMPLE, COH HOSTED PROGRAMS FEATURING ACCLAIMED ARTISTS WHO WERE IN TOWN WORKING ON LYRIC PRODUCTIONS. COUNTERTENOR DAVID DANIELS SPENT AN AFTERNOON DISCUSSING HIS WORK AND EXPERIENCES AS ONE OF THE ONLY OPENLY GAY OPERA STARS IN AN INTERVIEW WITH LYRIC DRAMATURGE ROGER PINES, ENTHRALLING A STANDING-ROOM-ONLY AUDIENCE IN COH'S HOOVER-LEPPEN THEATER. COMMUNITY AND CULTURAL PROGRAMMING CENTERS AROUND 5 PRIMARY PROGRAM AREAS, INCLUDING SOCIAL NETWORKING OPPORTUNITIES FOR MEN AND WOMEN; VISIONCENTER, FEATURING REVOLVING EXHIBITS OF LGBT ARTISTS, OUTFRONT AND CENTER, WHICH PRESENTS THEATER, MUSIC AND DANCE EVENTS; RECREATION, WELLNESS AND EDUCATIONAL PROGRAMS; AND SPECIAL INITIATIVES FOCUSING ON FAMILIES, TRANSGENDER PERSONS, AND LGBT IMMIGRANT COMMUNITIES.

WITH ALL OF ITS ARTS AND CULTURAL PROGRAMMING, COH IS SEEKING A BALANCE BETWEEN HIGH-PROFILE OFFERINGS THAT MAY ATTRACT NEW AUDIENCES, AND MORE INTIMATE PERFORMANCES, LECTURES, OR DEMONSTRATIONS THAT CAN PROVIDE TRANSFORMATIVE EXPERIENCES FOR LGBT YOUTH OR SENIORS.

SAGE = SERVICES AND ADVOCACY FOR GLBT ELDERS

THE TARGET AUDIENCE OF SAGE IS LGBT ADULTS AGE 55 AND UP, THOUGH MOST PARTICIPANTS ARE 60 OR OLDER, AND SOME YOUNGER INDIVIDUALS PARTICIPATE AS WELL. ABOUT 20% OF PARTICIPANTS ARE WOMEN AND 25% ARE PEOPLE OF COLOR. PARTICIPANTS HAVE A WIDE RANGE OF BACKGROUNDS. SOME WERE PREVIOUSLY MARRIED AND HAVE CHILDREN. SOME HAVE BEEN OPEN ABOUT THEIR SEXUAL ORIENTATION OR IDENTITY FOR MOST OF THEIR ADULT LIVES AND SOME ARE JUST "COMING OUT." THEY ARE FROM A VARIETY OF

SOCIOECONOMIC BACKGROUNDS, THOUGH THE MAJORITY HAS LIMITED MEANS. SOME ARE VERY HEALTHY, AND OTHERS HAVE SIGNIFICANT HEALTH ISSUES, INCLUDING CHRONIC DISEASES SUCH AS DIABETES OR HEART DISEASE, LIMITED MOBILITY, AND MEMORY LOSS. SAGE'S GOALS ARE TO ENSURE THAT LGBT SENIORS CAN ACHIEVE THE HEALTH, WELLNESS, AND QUALITY OF LIFE THAT THEY ASPIRE TO. COH DESIGNED THE SAGE PROGRAM ON A WELLNESS MODEL, BELIEVING THAT PERSONAL CHOICE, SELF-RESPONSIBILITY, OPTIMISM, AND SELF-DIRECTION LEAD TO THE HIGHEST QUALITY OF LIFE THAT INDIVIDUALS ARE CAPABLE OF ACHIEVING. THE JOHN BARAN SENIOR CENTER IN COH'S NEW FACILITY HAS BECOME THE FOCUS OF A LARGE NUMBER OF SAGE ACTIVITIES INCLUDING A WEEKLY COFFEE AND CONVERSATION WHICH ATTRACTS NEARLY 80 SENIORS EACH WEEK, SUPPORT GROUPS, EDUCATIONAL FORUMS, NEEDLEWORK GROUPS, EUCHRE CLUB, MOVIE NIGHTS, AFTERNOON TEAS, AND BOOK CLUBS. OTHER ACTIVITIES INCLUDE ONGOING RECREATIONAL OPPORTUNITIES IN COH'S BILLIE JEAN KING RECREATION HALL; SENIOR-SPECIFIC CLASSES IN THE CYBER CENTER; A FRIENDLY VISITOR PROGRAM OFFERING WEEKLY SOCIAL VISITS TO ISOLATED LESBIAN, GAY, BISEXUAL AND TRANSGENDER (LGBT) ELDERS WHO ARE HOMEBOUND OR LIVING IN A CARE SETTING; PHONE SUPPORT TO CALLERS SEEKING ASSISTANCE ON ISSUES RANGING FROM HOUSING DISCRIMINATION, MENTAL HEALTH SUPPORT, CAREGIVER SUPPORT, EMERGENCY FOOD, AND TRANSPORTATION; AND INTERGENERATIONAL ACTIVITIES INCLUDING A MONTHLY BRUNCH FOR SENIORS AND YOUTH.

LEGAL SERVICES

SINCE THE EARLY DAYS OF ITS BEGINNING, HORIZONS (NOW CENTER ON HALSTED) HAS OFFERED LEGAL RESOURCES FOR THE LGBT COMMUNITY, INCLUDING INFORMATION, REFERRALS, WORKSHOPS, AND ADVICE CLINICS WITH ATTORNEY VOLUNTEERS. SERVICES INCLUDE A WEEKLY PRO-BONO LEGAL CLINIC STAFFED BY VOLUNTEER ATTORNEYS, COURT ACCOMPANIMENT AND ADVOCACY THROUGH THE ANTI-VIOLENCE PROGRAM, AND LEGAL EDUCATION WORKSHOPS ON A DIVERSE ARRAY OF TOPICS INCLUDING PROTECTING YOUR FAMILY, 2ND PARENT ADOPTION, DOMESTIC PARTNER AGREEMENTS, AND TRANSGENDER RIGHTS. THE CENTER'S LEGAL PROGRAM WORKS CLOSELY WITH PARTNERS INCLUDING LAMBDA LEGAL, AIDS LEGAL COUNCIL OF CHICAGO, AMERICAN CIVIL LIBERTIES UNION, MCDERMOTT, WILL & EMERY, DOMESTIC VIOLENCE LEGAL CLINIC, LEGAL ASSISTANCE FOUNDATION, REPRESENTATIVES OF THE COURT, CITY, COUNTY, AND STATE AGENCIES, AND POLICE AND LAW ENFORCEMENT OFFICIALS. BY FORGING STRONG PARTNERSHIPS WITH OTHER PROVIDERS, PARTICULARLY MAINSTREAM PROVIDERS, THE CENTER PROVIDES IMPORTANT RESOURCES TO ENSURE SERVICES ARE ACCESSIBLE AND WELCOMING FOR LGBT PEOPLE.

SEXUAL ORIENTATION AND GENDER INSTITUTE (SOGI)
 THE MISSION OF THE SEXUAL ORIENTATION AND GENDER INSTITUTE (SOGI) IS TO EXPAND NATIONAL ACCESS TO HIGH-QUALITY CULTURALLY COMPETENT MENTAL HEALTH CARE FOR LESBIAN, GAY, BISEXUAL AND TRANSGENDER (LGBT) INDIVIDUALS AND THEIR FAMILIES ACROSS THE LIFESPAN. USING LIVE AND WEB-BASED FORMATS, THE INSTITUTE OFFERS OUTSTANDING GRADUATE TRAINING AND PROVIDES HIGH-QUALITY PROFESSIONAL DEVELOPMENT PROGRAMMING. THE INSTITUTE ALSO WORKS TO ADVANCE CLINICAL PRACTICE THROUGH THE PROMOTION OF RESEARCH ON LGBT BEHAVIORAL HEALTH ISSUES.

A NATIONAL ADVISORY COUNCIL, COMPRISED OF NOTABLE ACADEMICS AND CLINICIANS WITH EXPERTISE IN LGBT MENTAL HEALTH, PROVIDES INPUT ON THE INSTITUTE'S CURRICULUM AND CONSULTATION TO ITS STAFF. THESE PROFESSIONALS FROM THE FIELDS OF ANTHROPOLOGY, PSYCHOLOGY AND SOCIAL WORK ARE KEY CONTRIBUTORS TO THE THEORY AND PRACTICE OF LGBT CARE.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE D		1,287,378.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 8

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	6,762,611.	0.	6,762,611.
BUILDING	14,392,579.	420,436.	13,972,143.
FURNITURE AND FIXTURES	1,100,350.	171,859.	928,491.
COMPUTER EQUIPEMENT	325,556.	73,754.	251,802.
COMPUTER SOFTWARE	55,532.	33,716.	21,816.
TOTAL TO FORM 990, PART IV, LN 57	22,636,628.	699,765.	21,936,863.

FORM 990 OTHER ASSETS STATEMENT 9

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
OTHER ASSETS	200,035.	204,535.
AMORTIZABLE LEGAL COSTS	290,359.	287,426.
TOTAL TO FORM 990, PART IV, LINE 58	490,394.	491,961.

FORM 990	MORTGAGES PAYABLE	STATEMENT 10
DESCRIPTION		BALANCE DUE
BANK OF AMERICA (FORMERLY LASALLE BANK NATIONAL ASSOCIATION)		195,000.
BANK OF AMERICA (FORMERLY LASALLE BANK NATIONAL ASSOCIATION)		230,016.
BANK OF AMERICA (FORMERLY LASALLE BANK NATIONAL ASSOCIATION)		192,000.
CITY OF CHICAGO		1,730,907.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B		2,347,923.

FORM 990	OTHER SECURITIES	STATEMENT 11
SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
EQUITY SECURITIES	FMV	30,101.
MUTUAL FUNDS	FMV	5,796.
FIXED INCOME SECURITY	FMV	128,479.
TO FORM 990, LINE 54B, COL B		164,376.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 12

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ROBERT KOHL 3656 NORTH HALSTED CHICAGO, IL 60613	CHAIRPERSON 2.00	0.	0.	0.
JAMES ALEXANDER 3656 NORTH HALSTED CHICAGO, IL 60613	VICE CHAIRPERSON 2.00	0.	0.	0.
FRED NELSON 3656 NORTH HALSTED CHICAGO, IL 60613	TREASURER 2.00	0.	0.	0.
MARCIA LIPETZ 3656 NORTH HALSTED CHICAGO, IL 60613	DIRECTOR 2.00	0.	0.	0.
MARY ANDERSON 3656 NORTH HALSTED CHICAGO, IL 60613	SECRETARY 2.00	0.	0.	0.
RAYMOND E. CROSSMAN 3656 NORTH HALSTED CHICAGO, IL 60613	PROGRAM CHAIR 2.00	0.	0.	0.
DENISE FOY 3656 NORTH HALSTED CHICAGO, IL 60613	NOMINATING CHAIR 2.00	0.	0.	0.
CHRISTY WEBBER 3656 NORTH HALSTED CHICAGO, IL 60613	DIRECTOR 2.00	0.	0.	0.
MIKE DEMETRIA 3656 NORTH HALSTED CHICAGO, IL 60613	DIRECTOR 2.00	0.	0.	0.
DANIEL FOY 3656 NORTH HALSTED CHICAGO, IL 60613	DIRECTOR 2.00	0.	0.	0.
KATHLEEN GILLESPIE 3656 NORTH HALSTED CHICAGO, IL 60613	DIRECTOR 2.00	0.	0.	0.

CENTER ON HALSTED

51-0178807

DAWN CLARK NETSCH 3656 NORTH HALSTED CHICAGO, IL 60613	DIRECTOR 2.00	0.	0.	0.
JULIO RODRIGUEZ 3656 NORTH HALSTED CHICAGO, IL 60613	DIRECTOR 2.00	0.	0.	0.
TODD A. HATOFF 3656 NORTH HALSTED CHICAGO, IL 60613	DIRECTOR 2.00	0.	0.	0.
KIP HELVERSON 3656 NORTH HALSTED CHICAGO, IL 60613	DIRECTOR CIRCLE CHAIR 2.00	0.	0.	0.
CHASTITY LORD 3656 NORTH HALSTED CHICAGO, IL 60613	DIRECTOR CIRCLE CHAIR 2.00	0.	0.	0.
GREGORY A. THOMPSON 3656 NORTH HALSTED CHICAGO, IL 60613	DIRECTOR 2.00	0.	0.	0.
SARAH SCHMIDT 3656 NORTH HALSTED CHICAGO, IL 60613	DIRECTOR 2.00	0.	0.	0.
DWIGHT MCBRIDE 3656 NORTH HALSTED CHICAGO, IL 60613	DIRECTOR 2.00	0.	0.	0.
ROBERT T. CICHOCKI 3656 NORTH HALSTED CHICAGO, IL 60613	DIRECTOR 2.00	0.	0.	0.
CHARLES MIDDLETON 3656 NORTH HALSTED CHICAGO, IL 60613	DIRECTOR 2.00	0.	0.	0.
KENNY HUANG 3656 NORTH HALSTED CHICAGO, IL 60613	ASSOCIATE BOARD CHAIR 2.00	0.	0.	0.
MODESTO VALLE 3656 NORTH HALSTED CHICAGO, IL 60613	EXECUTIVE DIRECTOR 40.00	130,000.	9,078.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		130,000.	9,078.	0.