

**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)

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 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type.  See Specific Instructions.	<b>C Name of organization</b> CENTER ON HALSTED Doing Business As 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	<b>D Employer identification number</b> 51-0178807
		<b>E Telephone number</b> (773) 472-6469	<b>G Gross receipts \$</b> 3,957,379.
		<b>F Name and address of principal officer:</b> MODESTO VALLE SAME AS C ABOVE	<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
		<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
		<b>J Website:</b> ▶ WWW.CENTERONHALSTED.ORG	
		<b>K Type of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L Year of formation:</b> 1974 <b>M State of legal domicile:</b> IL

Part I Summary			
	1	Briefly describe the organization's mission or most significant activities: <u>IN A SAFE AND NURTURING ENVIROMENT, CENTER ON HALSTED SERVES AS A CATALYST FOR THE LGBT</u>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.	
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3 22
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 22
	5	Total number of employees (Part V, line 2a)	5 77
	6	Total number of volunteers (estimate if necessary)	6 300
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a 47,170.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b 44,062.
	Revenue	8	Contributions and grants (Part VIII, line 1h)
9		Program service revenue (Part VIII, line 2g)	440,643. 205,336.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	110,794. 11,124.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	200,000. 546,610.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,054,259. 3,776,135.
Expenses	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 4)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,117,141. 2,587,908.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 380,405.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,051,396. 1,929,580.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,168,537. 4,517,488.
	19	Revenue less expenses. Subtract line 18 from line 12	885,722. -741,353.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	27,655,589. 26,297,737.
	21	Total liabilities (Part X, line 26)	7,378,792. 6,766,416.
	22	Net assets or fund balances. Subtract line 21 from line 20	20,276,797. 19,531,321.

Part II Signature Block			
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.			
Sign Here	Signature of officer _____ Date _____ <b>MODESTO VALLE, CHIEF EXECUTIVE OFFICER</b> Type or print name and title		
Paid Preparer's Use Only	Preparer's signature ▶ _____ Date _____ 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	Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) _____ EIN ▶ _____ Phone no. ▶ 312-634-3400	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION IN A SAFE AND NURTURING ENVIORNMENT, CENTER ON HALTED SERVES AS A CATAYLST FOR THE LGBT COMMUNITY THAT LINKS AND PROVIDES COMMUNITY RESOURCES AND ENRICHES LIFE EXPERIENCES. THE CENTER IS ABLE TO REACH MOST OF THE AFFECTED COMMUNITY VIA PROGRAMMING AND SERVICES TO ADDRESS

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No [X] No

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.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code: ) (Expenses \$ 922,882. including grants of \$ ) (Revenue \$ ) YOUTH PROGRAM AND VOLUNTEER PROGRAM

YOUTH PROGRAM:

SINCE 1978, CENTER ON HALSTED HAS SERVED THE NEEDS OF LGBT YOUTH IN CHICAGO. BROADLY, THE YOUTH PROGRAM AT CENTER ON HALSTED SUPPORTS YOUTH AS THEY ADVANCE LIFELONG ACHIEVEMENT GOALS AND BECOME PRODUCTIVE ADULTS THROUGH A COMPREHENSIVE PROGRAM WHICH HELPS YOUTH INCREASE THEIR SENSE OF SELF-RESPECT AND CONFIDENCE, WHILE GAINING THE KNOWLEDGE AND SKILLS NEEDED TO ATTAIN EDUCATIONAL, PERSONAL, AND OTHER LIFE GOALS.

4b (Code: ) (Expenses \$ 558,474. including grants of \$ ) (Revenue \$ ) ANTI-VIOLENCE PROJECT (AVP) AND GENERAL PROGRAM

ANTI-VIOLENCE PROJECT (AVP):

THE ANTI-VIOLENCE PROJECT AT CENTER ON HALSTED 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 THE LGBTH COMMUNITY IN ILLINOIS. AVP HAS BECOME THE CORNERSTONE OF RECOVERY FOR MANY LGBTH VICTIMS OF HATE AND BIAS CRIMES, DOMESTIC VIOLENCE AND SEXUAL ASSAULT IN THE CHICAGOLAND AREA AND ACROSS THE STATE.

4c (Code: ) (Expenses \$ 911,321. including grants of \$ ) (Revenue \$ ) CULTURAL PROGRAMMING AND SAGE

CULTURAL PROGRAMS:

AS A PRESENTING SPACE FOR CULTURAL PROGRAMMING, AS WELL AS A PROVIDER OF CULTURAL PROGRAMMING, CENTER ON HALSTED HAS EVOLVED INTO AN LGBT CULTURAL DESTINATION WITHIN THE CITY OF CHICAGO AND THROUGHOUT THE MIDWEST. AS A PRESENTER, CULTURAL PROGRAMS AT CENTER ON HALSTED OFFER A MULTITUDE OF PLATFORMS FOR EMERGING AND ESTABLISHED LGBT ARTISTS TO PROVIDE AN ARTISTIC VOICE FOR THE LGBT COMMUNITY.

THE CENTER'S OWN CULTURAL PROGRAMMING FOCUSES ON THE "...OUT" SERIES,

4d Other program services. (Describe in Schedule O.) (Expenses \$ 1,028,727. including grants of \$ ) (Revenue \$ 205,336. )

4e Total program service expenses \$ 3,421,404. (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? .....	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> .....		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> .....		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> .....	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> .....	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.? .....		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 U.S.? <i>If "Yes," complete Schedule F, Part I</i> .....		X
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? <i>If "Yes," complete Schedule F, Part II</i> .....		X
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? <i>If "Yes," complete Schedule F, Part III</i> .....		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i> .....		X
24a	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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i> .....		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
26	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? <i>If "Yes," complete Schedule L, Part II</i> .....		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....		X

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b>	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b>	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b>	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....		X
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b>	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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	<b>1a</b> 40		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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		
	<b>2a</b> 77		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
<b>4a</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)?		X
<b>b</b>	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.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter: <b>N/A</b>		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
	<b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	<b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter: <b>N/A</b>		
<b>a</b>	Gross income from members or shareholders		
	<b>11a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	<b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>N/A</b>		
	<b>12b</b>		

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body .....		
<b>1b</b>	Enter the number of voting members that are independent .....		
<b>2</b>	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? .....		X
<b>3</b>	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? .....		X
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? .....		X
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? .....		X
<b>6</b>	Does the organization have members or stockholders? .....		X
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? .....		X
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .....		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body? .....	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body? .....	X	
<b>9a</b>	Does the organization have local chapters, branches, or affiliates? .....		X
<b>9b</b>	If "Yes," 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? .....		
<b>10</b>	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 .....	X	
<b>11</b>	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....		X

**Section B. Policies**

		Yes	No
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13 .....	X	
<b>12b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	X	
<b>12c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done .....	X	
<b>13</b>	Does the organization have a written whistleblower policy? .....	X	
<b>14</b>	Does the organization have a written document retention and destruction policy? .....	X	
<b>15</b>	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:		
<b>15a</b>	The organization's CEO, Executive Director, or top management official? .....	X	
<b>15b</b>	Other officers or key employees of the organization? .....	X	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....		X
<b>16b</b>	If "Yes," 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? .....		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **IL**
- 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.  
 Own website     Another's website     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: **LEWIS WARRICK - (773) 472-6469**  
**3656 NORTH HALSTED, CHICAGO, IL 60613**

**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. 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, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• 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 officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT KOHL BOARD CHAIR	10.00	X		X				0.	0.	0.
JAMES ALEXANDER VICE-CHAIRMAN	10.00	X		X				0.	0.	0.
FRED NELSON TREASURER	10.00	X		X				0.	0.	0.
MARY ANDERSON SECRETARY	10.00	X		X				0.	0.	0.
RAYMOND E. CROSSMAN PROGRAM COMMITTEE CHAIR	10.00	X		X				0.	0.	0.
DENISE FOY NOMINATIONS COMMITTEE CH	10.00	X		X				0.	0.	0.
CHRISTY WEBBER DIRECTOR	10.00	X						0.	0.	0.
MIKE DEMETRIA DIRECTOR	10.00	X						0.	0.	0.
DANIEL FOY DIRECTOR	10.00	X						0.	0.	0.
KATHLEEN GILLESPIE DIRECTOR	10.00	X						0.	0.	0.
DAWN CLARK NETSCH DIRECTOR	10.00	X						0.	0.	0.
JULIO RODRIGUEZ DIRECTOR	10.00	X						0.	0.	0.
TODD A. HATOFF DIRECTOR	10.00	X						0.	0.	0.
KIP HELVERSON DIRECTOR	10.00	X						0.	0.	0.
CHASTITY LORD DIRECTOR	10.00	X						0.	0.	0.
GREGORY A. THOMPSON DIRECTOR	10.00	X						0.	0.	0.
SARAH SCHMIDT DIRECTOR	10.00	X						0.	0.	0.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DWIGHT MCBRIDE DIRECTOR	10.00	X					0.	0.	0.	
ROBERT E. CICHOCKI DIRECTOR	10.00	X					0.	0.	0.	
CHARLES R. MIDDLETON DIRECTOR	10.00	X					0.	0.	0.	
KENNY HUANG ASSOC. BOARD OF DIR.	10.00	X					0.	0.	0.	
EVETTE CARDONA DIRECTOR	10.00	X					0.	0.	0.	
DUANE DESPARTE DIRECTOR	10.00	X					0.	0.	0.	
PHILIP LUMPKIN DIRECTOR	10.00	X					0.	0.	0.	
KENNETH O'KEEFE DIRECTOR	10.00	X					0.	0.	0.	
PHILIP PALMER DIRECTOR	10.00	X					0.	0.	0.	
VICTORIA RAYMONT DIRECTOR	10.00	X					0.	0.	0.	
<b>1b Total</b>							179,519.	0.	11,195.	

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 1

	Yes	No
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
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		X
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		X

**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.

(A) Name and business address	(B) Description of services	(C) Compensation
HARVARD MAINTENANCE 570 SEVENTH AVE, NEW YORK, NY 10018	JANITORIAL SERVICES	119,026.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 1

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION



Part VIII Statement of Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	307,905.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	1,407,512.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,297,648.			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	<b>Total.</b> Add lines 1a-1f		3013065.			
	Program Service Revenue	2 a	COUNSELING AND PSYCHOT	Business Code 624100	205,336.	205,336.	
b							
c							
d							
e							
f		All other program service revenue					
g		<b>Total.</b> Add lines 2a-2f		205,336.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		11,124.		11,124.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real 200004.				
		b	Less: rental expenses	(ii) Personal			
		c	Rental income or (loss)	200004.			
	d	Net rental income or (loss)		200,004.		47,170.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
		b	Less: cost or other basis and sales expenses	(ii) Other			
		c	Gain or (loss)				
		d	Net gain or (loss)				
	8 a	Gross income from fundraising events (not including \$ 307,905. of contributions reported on line 1c). See Part IV, line 18	a	181244.			
		b	Less: direct expenses	b	181244.		
		c	Net income or (loss) from fundraising events				
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
		b	Less: direct expenses	b			
		c	Net income or (loss) from gaming activities				
10 a	Gross sales of inventory, less returns and allowances	a					
	b	Less: cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code				
11 a	OTHER INCOME	900099	346,606.	346,606.			
b							
c							
d	All other revenue						
e	<b>Total.</b> Add lines 11a-11d		346,606.				
12	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		3776135.	551,942.	47,170.	163,958.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	244,609.	198,252.	19,678.	26,679.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	1,934,639.	1,567,996.	155,626.	211,017.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....	236,621.	191,141.	17,310.	28,170.
9 Other employee benefits .....	172,039.	140,444.	13,411.	18,184.
10 Payroll taxes .....				
11 Fees for services (non-employees):				
a Management .....				
b Legal .....	7,045.	6,049.	894.	102.
c Accounting .....	49,908.		49,908.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....				
g Other .....	315,341.	161,049.	103,504.	50,788.
12 Advertising and promotion .....	19,920.	14,512.		5,408.
13 Office expenses .....	193,149.	121,779.	56,516.	14,854.
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	307,128.	270,430.	32,151.	4,547.
17 Travel .....	25,118.	13,766.	8,970.	2,382.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings .....	66,770.	43,501.	23,233.	36.
20 Interest .....	22,317.		22,317.	
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	602,481.	517,203.	76,451.	8,827.
23 Insurance .....	62,298.	53,492.	7,907.	899.
24 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.) .....				
a <b>BAD DEBT</b> .....	112,146.		112,146.	
b <b>FOOD</b> .....	65,053.	57,767.	2,283.	5,003.
c <b>REPAIRS AND MAINTENANCE</b> .....	55,058.	47,511.	6,748.	799.
d <b>PROGRAM EVENTS</b> .....	15,805.	15,805.		
e <b>DUES &amp; SUBSCRIPTIONS</b> .....	10,043.	707.	6,626.	2,710.
f All other expenses .....				
25 <b>Total functional expenses.</b> Add lines 1 through 24f	4,517,488.	3,421,404.	715,679.	380,405.
26 <b>Joint Costs.</b> Check here <input type="checkbox"/> 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 ...				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash - non-interest-bearing .....	26,349.	1	317,927.
	2	Savings and temporary cash investments .....	886,164.	2	950,542.
	3	Pledges and grants receivable, net .....	4,045,674.	3	2,890,772.
	4	Accounts receivable, net .....		4	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L .....		5	
	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 .....		6	
	7	Notes and loans receivable, net .....		7	
	8	Inventories for sale or use .....		8	
	9	Prepaid expenses and deferred charges .....	104,202.	9	192,019.
	10a	Land, buildings, and equipment: cost basis ...	22,656,788.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D .....	1,302,246.		
			21,936,863.	10c	21,354,542.
	11	Investments - publicly traded securities .....	164,376.	11	102,907.
	12	Investments - other securities. See Part IV, line 11 .....		12	
	13	Investments - program-related. See Part IV, line 11 .....		13	
	14	Intangible assets .....		14	
15	Other assets. See Part IV, line 11 .....	491,961.	15	489,028.	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	27,655,589.	16	26,297,737.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses .....	230,869.	17	232,520.
	18	Grants payable .....		18	
	19	Deferred revenue .....	4,800,000.	19	4,622,989.
	20	Tax-exempt bond liabilities .....		20	
	21	Escrow account liability. Complete Part IV of Schedule D .....		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23	Secured mortgages and notes payable to unrelated third parties .....	2,347,923.	23	1,910,907.
	24	Unsecured notes and loans payable .....		24	
	25	Other liabilities. Complete Part X of Schedule D .....		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25 .....	7,378,792.	26	6,766,416.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets .....	17,078,259.	27	16,997,455.
	28	Temporarily restricted net assets .....	3,198,538.	28	2,533,866.
	29	Permanently restricted net assets .....		29	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds .....		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32	Retained earnings, endowment, accumulated income, or other funds .....		32	
33	<b>Total net assets or fund balances .....</b>	20,276,797.	33	19,531,321.	
34	<b>Total liabilities and net assets/fund balances .....</b>	27,655,589.	34	26,297,737.	

**Part XI Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .....		X
b	Were the organization's financial statements audited by an independent accountant? .....	X	
c	If "Yes" to lines 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? .....	X	
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? .....		X
b	If "Yes," did the organization undergo the required audit or audits? .....		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

**Part I Reason for Public Charity Status** (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 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)**. (Attach Schedule H.)
- 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 the Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11  An organization organized and operated exclusively for the benefit of, 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
- e  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).
- f 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
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	<b>11g(i)</b>	
(ii) A family member of a person described in (i) above? .....	<b>11g(ii)</b>	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	<b>11g(iii)</b>	
- h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2,988,468.	9,738,214.	6,388,913.	4,302,822.	3,013,065.	26,431,482.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 - 3 .....	2,988,468.	9,738,214.	6,388,913.	4,302,822.	3,013,065.	26,431,482.
<b>5</b> 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) .....						
<b>6 Public Support.</b> Subtract line 5 from line 4.						26,431,482.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4 .....	2,988,468.	9,738,214.	6,388,913.	4,302,822.	3,013,065.	26,431,482.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	6,925.	26,429.	212,297.	310,794.	211,128.	767,573.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						27,199,055.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	2,823,970.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	97.18	%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f .....	<b>15</b>	98.75	%
<b>16a 33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2008.</b> 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 "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

**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**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 - 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						

**14 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**

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

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2008</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2007</b> Schedule A, Part IV-A, line 27h .....	<b>18</b>	%

**19a 33 1/3% support tests - 2008.** 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

**b 33 1/3% support tests - 2007.** 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

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

**2008**

Name of the 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 (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. 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** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their 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 Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization <b>CENTER ON HALSTED</b>	Employer identification number <b>51-0178807</b>
--	---

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ESTATE OF ERIK B. RASMAUSSEN C/O WACHOVIA BANK  401 MARKET ST PA4313  PHILADELPHIA, PA 19106	\$ 121,625.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	DEPARTMENT OF CHILDREN AND YOUTH SERVICES  1615 W. CHICAGO 2ND FLOOR  CHICAGO, IL 60622	\$ 227,410.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	IL DEPARTMENT OF PUBLIC HEALTH  525-535 W. JEFFERSON STREET  SPRINGFIELD, IL 62761	\$ 733,643.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	CHICAGO DEPARTMENT OF PUBLIC HEALTH  333 S. STATE STREET, SUITE 200  CHICAGO, IL 60604	\$ 191,019.	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.)



Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

CENTER ON HALSTED

Employer identification number

51-0178807

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 with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 cover total number, aggregate contributions, aggregate grants, and aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property...
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes...

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).
2 Complete lines 2a-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 with 2 columns: Question number, Held at the End of the Year. Rows 2a-2d cover total number of easements, total acreage, and number of easements on certified historic structures.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds?
6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 section 170(h)(4)(B)(ii)?
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.
b 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:
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:

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's 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 Trust, Escrow and Custodial Arrangements.** Complete if 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 XIV and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b** If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Investment earnings or losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> 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:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations .....   | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations .....  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ..... | <b>3b</b>     |    |
- 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.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
<b>1a</b> Land .....		6,762,611.		6,762,611.
<b>b</b> Buildings .....		14,409,354.	786,966.	13,622,388.
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		328,941.	131,326.	197,615.
<b>e</b> Other .....		1,155,882.	383,954.	771,928.
<b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) .....				21,354,542.



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,776,135.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,517,488.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-741,353.
4	Net unrealized gains (losses) on investments	4	-4,123.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	-4,123.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-745,476.

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

1	Total revenue, gains, and other support per audited financial statements	1	3,812,639.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	36,504.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	36,504.
3	Subtract line 2e from line 1	3	3,776,135.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	3,776,135.

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

1	Total expenses and losses per audited financial statements	1	4,558,115.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	36,504.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	4,123.
e	Add lines 2a through 2d	2e	40,627.
3	Subtract line 2e from line 1	3	4,517,488.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	4,517,488.

**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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

**PART XIII, LINE 2D - OTHER ADJUSTMENTS:**

**UNREALIZED LOSS ON INVESTMENTS: 4123.**



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
		HUMAN FIRST GALA (event type)	OSCAR/AUCTION (event type)	NONE (total number)	
Revenue	<b>1</b> Gross receipts .....	385,247.	103,902.		489,149.
	<b>2</b> Less: Charitable contributions .....	241,128.	66,777.		307,905.
	<b>3</b> Gross revenue (line 1 minus line 2) .....	144,119.	37,125.		181,244.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Non-cash prizes .....				
	<b>6</b> Rent/facility costs .....	78,140.			78,140.
	<b>7</b> Other direct expenses .....	65,979.	37,125.		103,104.
	<b>8</b> Direct expense summary. Add lines 4 through 7 in column (d) .....				( 181,244. )
	<b>9</b> Net income summary. Combine lines 3 and 8 in column (d) .....				0.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Non-cash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				( _____ )
	<b>8</b> Net gaming income summary. Combine lines 1 and 7 in column (d) .....				

	Yes	No
<b>9</b> Enter the state(s) in which the organization operates gaming activities: _____		
<b>a</b> Is the organization licensed to operate gaming activities in each of these states? .....	<b>9a</b>	
<b>b</b> If "No," Explain: _____ _____		
<b>10a</b> Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .....	<b>10a</b>	
<b>b</b> If "Yes," Explain: _____ _____		
<b>11</b> Does the organization operate gaming activities with nonmembers? .....	<b>11</b>	
<b>12</b> Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? .....	<b>12</b>	

**13** Indicate the percentage of gaming activity operated in:

<b>a</b> The organization's facility .....	<b>13a</b>	%
<b>b</b> An outside facility .....	<b>13b</b>	%

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? .....

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_ .

**c** If "Yes," enter name and address:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

- Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? .....

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

	Yes	No
<b>13a</b>		
<b>13b</b>		
<b>14</b>		
<b>15a</b>		
<b>16</b>		
<b>17a</b>		





**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

CENTER ON HALSTED

Employer identification number

51-0178807

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COMMUNITY THAT LINKS AND PROVIDES COMMUNITY RESOURCES, AND ENRICHES LIFE EXPERIENCES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE DIVERSE PHYSICAL, EMOTIONAL, RECREATIONAL AND CULTURAL NEEDS OF OVER 500,000 COMMUNITY MEMBERS THROUGH EITHER YOUTH PROGRAMMING, HIV/STD PREVENTION AND TESTING, LEADERSHIP DEVELOPMENT, AND PROGRAMMING TO CELEBRATE, EDUCATE AND EMPOWER LGBT INDIVIDUALS THROUGHOUT CHICAGOLAND AREA.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS

THE YOUTH PROGRAM HAS FIVE MAJOR COMPONENTS:

AFTERSCHOOL DROP-IN PROGRAM - THE CENTER'S CORE PROGRAM SERVING LGBT YOUTH AND ALLIES AGED 13-24. EACH WEEK, 250 YOUTH ENGAGE IN COMPREHENSIVE PROGRAMMING AND SERVICES DESIGNED TO SUPPORT THEIR TRANSITION TO SUCCESSFUL ADULTHOOD. PROGRAM COMPONENTS INCLUDE ART AND ART THERAPY, RECREATIONAL PROGRAMMING, LEADERSHIP DEVELOPMENT, CULTURAL PROGRAMMING, CASE MANAGEMENT, AND HIV/AIDS.

BREAKFAST CLUB - THE HOMELESS YOUTH BREAKFAST CLUB SERVES AS A SERVICE ACCESS POINT FOR HOMELESS AND UNSTABLY HOUSED LGBT YOUTH FROM ACROSS THE CITY. EACH WEEKDAY MORNING YOUTH COME TO THE CENTER FOR RESPITE, A NUTRITIOUS MEAL, AND TO ACCESS CRITICAL CASE MANAGEMENT AND WRAP-AROUND SUPPORT SERVICES.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

CENTER ON HALSTED

Employer identification number

51-0178807

EDUCATIONAL/VOCATIONAL TRAINING - CENTER ON HALSTED USES A TIERED APPROACH, WORKING ONE-ON-ONE WITH EACH YOUTH TO DETERMINE THEIR BEST FIT. THIS ALLOWS THE PROGRAM TO MEET THE NEEDS OF DIVERSE YOUTH- FROM THOSE WHO ARE NEARLY EMPLOYMENT READY TO THOSE WITH NO PREPARATION AND OFTEN MAJOR BARRIERS. CENTER ON HALSTED ALSO SERVES AS THE CITY OF CHICAGO'S REGION 1-YOUTH CAREER DEVELOPMENT CENTER (YCDC), PROVIDING A 30-HOUR WORKFORCE DEVELOPMENT CURRICULUM NOT ONLY TO YOUTH AT CENTER ON HALSTED BUT AT-RISK AND HIGH RISK YOUTH THROUGHOUT THE REGION.

QUEER YOUTH ORGANIZING INITIATIVE (Q-YOI) - LED BY CENTER ON HALSTED, THE Q-YOI IS COLLABORATIVE EFFORT OF ALL LGBT YOUTH SERVICE ORGANIZATIONS. THROUGH Q-YOI YOUTH GAIN COMMUNITY ORGANIZING AND COALITION BUILDING SKILLS NECESSARY TO CREATING CHANGE ON ISSUES MOST AFFECTING THEIR LIVES INCLUDING RACISM, TRANSPHOBIA AND ADULTISM WITHIN THE LAKEVIEW NEIGHBORHOOD AS WELL AS REFLECTIVE ISSUES IN THE NEIGHBORHOODS FROM WHICH OUR YOUTH ARE SEEKING REFUGE.

CULINARY PROGRAM- THE "WHAT'S COOKING" CULINARY PROGRAM AT CENTER ON HALSTED PROVIDES AT-RISK AND UNDERSERVED YOUTH WITH FOOD INDUSTRY WORKFORCE DEVELOPMENT SKILLS. WORKING ALONGSIDE PROFESSIONAL CHEFS, PROGRAM PARTICIPANTS ACQUIRE MARKETABLE SKILLS THAT BOLSTER THEIR EMPLOYABILITY AND ULTIMATELY IMPROVE THEIR QUALITY OF LIFE. COMPLEMENTED BY THE CENTER'S URBAN GARDEN, YOUTH GAIN A BREADTH OF EXPERIENCE IN FOOD SYSTEMS FROM "FARM TO PLATE".

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

CENTER ON HALSTED

Employer identification number

51-0178807

**VOLUNTEER PROGRAM:**

VOLUNTEERS ARE A CRITICAL COMPONENT TO THE SUCCESS OF CENTER ON HALSTED. THROUGH A VARIETY OF CAPACITIES ACROSS PROGRAM AREAS, VOLUNTEERS INCREASE THE ABILITY OF THE CENTER TO SERVE OUR DIVERSE CONSTITUENCY. AT THE OUTSET, ALL VOLUNTEERS ATTEND ONE OF OUR MANDATORY BI-MONTHLY ORIENTATION SESSIONS. THROUGH THESE TWO-HOUR SESSIONS, AND ONGOING COMMUNICATION, VOLUNTEERS LEARN ABOUT OPPORTUNITIES WITHIN THE CENTER WHICH MATCH THEIR SKILLS, INTERESTS, TALENTS AND EXPERIENCES INCLUDING SPECIAL EVENTS, YOUTH PROGRAMMING, ELDERS PROGRAMMING, FRONT DESK SUPPORT AND ADMINISTRATIVE SUPPORT.

**FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS**

AVP DELIVERS A CONTINUUM OF VICTIM SERVICES - FROM THE MOMENT OF AN EMERGENCY CRISIS CALL THROUGH ENSUING LEGAL ISSUES AND EFFORTS TO HEAL FROM PHYSICAL AND EMOTIONAL PAIN. AVP DOES THIS BY PROVIDING A 24-HOUR CRISIS HOTLINE, CASE MANAGEMENT, INDIVIDUAL THERAPY, COURT ACCOMPANIMENT, LEGAL AND MEDICAL ADVOCACY, AND LEGAL REFERRALS. IN ADDITION TO VICTIM SERVICES, AVP PROVIDES OUTREACH, EDUCATION AND TRAININGS TO COMMUNITY MEMBERS, SERVICE PROVIDERS AND FIRST RESPONDERS TO: INCREASE AWARENESS OF VIOLENCE AGAINST AND WITHIN THE LGBTH COMMUNITY; INCREASE THE LGBTH-SPECIFIC COMPETENCY OF SERVICE PROVIDERS AND RESPONDERS; AND, DECREASE SYSTEMIC BARRIERS VICTIMS MAY FACE WHEN ACCESSING SERVICES AND CARE.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

CENTER ON HALSTED

Employer identification number

51-0178807

**GENERAL PROGRAM:**

SINCE INCEPTION, CENTER ON HALSTED HAS OFFERED LEGAL RESOURCES FOR THE LGBT COMMUNITY, INCLUDING INFORMATION, REFERRALS, WORKSHOPS AND ADVICE CLINICS WITH ATTORNEY VOLUNTEERS. SERVICES INCLUDE 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, AND AMERICAN CIVIL LIBERTIES UNION. 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) MISSION IS TO EXPAND NATIONAL ACCESS TO HIGH-QUALITY CULTURALLY COMPETENT MENTAL HEALTH CARE FOR 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

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

CENTER ON HALSTED

Employer identification number

51-0178807

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.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS INCLUDING DANCEOUT, ACTOUT, SINGOUT, OUTWRITE AND LAUGHOUTLOUD. THESE ARE COLLABORATIVE SERIES' WITH LOCAL AND TOURING COMPANIES WHICH FOCUS ON LGBT ARTISTS AS WELL AS LGBT-RELATED PRODUCTIONS. PARTNERS INCLUDE: LYRIC OPERA OF CHICAGO, LOOKINGGLASS THEATRE, SILK ROAD THEATRE PROJECT, STEPPENWOLF THEATRE, THE JOFFREY BALLET, RIVER NORTH CHICAGO DANCE COMPANY, AND CIRQUA RIVERA DANCE THEATRE AMONG MANY OTHERS.

SERVICES AND ADVOCACY FOR GLBT ELDERS (SAGE):

SERVING 150 ELDERS PER WEEK, SAGE FOCUSES ON IMPROVING THE QUALITY OF LIFE FOR SENIORS IN THE LGBT COMMUNITY BY PROVIDING WEEKLY MEAL SERVICES AND COMPLEMENTARY PROGRAM ACTIVITIES INCLUDING PROFESSIONALLY-LED GROUP EXERCISES, WORKSHOPS FOCUSING ON ISSUES SUCH AS FINANCIAL WELLNESS, AND MULTI-SESSION CLASSES PERTAINING TO TECHNOLOGY AND OTHER LIFE-ENHANCING SKILLS. OTHER REGULARLY SCHEDULED ACTIVITIES INCLUDE SOCIAL OUTINGS, CONCERTS, LANGUAGE CLASSES AND CARD NIGHTS, THROUGH WHICH SENIORS SOCIALIZE AND DEVELOP STRONGER SUPPORT NETWORKS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

HIV/AIDS AND STD SERVICES AND MENTAL HEALTH

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

CENTER ON HALSTED

Employer identification number

51-0178807

HIV/AIDS AND STD SERVICES:

HIV/AIDS AND STD SERVICES AT CENTER ON HALSTED ARE COMPRISED OF TWO COMPLEMENTARY PROGRAMS: HIV TESTING AND PREVENTION PROGRAM AND THE STATE OF ILLINOIS AIDS/HIV AND STD HOTLINE.

HIV TESTING AND PREVENTION PROGRAM: LAUNCHED IN 2008, THE CENTER OFFERS FREE, CONFIDENTIAL HIV COUNSELING, TESTING AND REFERRAL (CTR) SERVICES SEVEN DAYS A WEEK, FROM 8AM TO 9PM, ON A WALK-IN OR APPOINTMENT BASIS. TO ENSURE ACCESS, BROAD SERVICES ARE PROVIDED IN THE CLIENT'S LANGUAGE OF CHOICE, EITHER ENGLISH OR SPANISH. USING RAPID HIV TEST TECHNOLOGY, AND BASED ON CENTERS FOR DISEASE CONTROL (CDC) STANDARDS, EACH CTR SESSION INCLUDES INDIVIDUALIZED RISK-ASSESSMENT, PREVENTION PLANNING AND REFERRAL SERVICES. FOR CLIENTS WHO HAVE A POSITIVE TEST RESULT, AS WELL AS FOR THOSE WHO ARE SEEKING ADDITIONAL RESOURCES, REFERRALS ARE MADE TO BOTH INTERNAL AND EXTERNAL SUPPORT SERVICES FOR MEDICAL CARE, MENTAL HEALTH COUNSELING, CASE MANAGEMENT, SUPPORT GROUPS, YOUTH SERVICES, SENIOR SERVICES, SUBSTANCE ABUSE COUNSELING, AND/OR HOUSING SERVICES.

THE STATE OF ILLINOIS AIDS/HIV AND STD HOTLINE: 2009 MARKED THE 15TH YEAR THAT CENTER ON HALSTED HAS OPERATED THE STATE OF ILLINOIS AIDS/HIV AND STD HOTLINE. RECEIVING 20,000 CALLS PER YEAR FROM ACROSS THE STATE AND NATION, PROFESSIONALLY TRAINED HOTLINE COUNSELORS PROVIDE SERVICES FROM 8AM TO 10PM DAILY. ROOTED IN CDC PUBLIC HEALTH INFORMATION

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

CENTER ON HALSTED

Employer identification number

51-0178807

GUIDELINES, HOTLINE CALLERS ARE PROVIDED WITH THE MOST UP-TO-DATE, MEDICALLY ACCURATE INFORMATION ON HIV/AIDS AND STDS IN ENGLISH AND SPANISH. THROUGH A STATEWIDE DATABASE OF 2,300 REFERRAL PARTNERS, CALLERS CAN RECEIVE A WEALTH OF INFORMATION REGARDING CTR SERVICES, CASE MANAGEMENT AND MEDICAL SERVICES, AMONG OTHER RESOURCES, IN THE CLIENT'S LANGUAGE AND COMMUNITY/LOCATION OF CHOICE.

**MENTAL HEALTH SERVICES:**

THE MENTAL HEALTH SERVICES STAFF HAS BEEN ADDRESSING THE PSYCHOSOCIAL NEEDS OF CHICAGO'S LGBT COMMUNITY FOR NEARLY THREE DECADES BY OFFERING COUNSELING, PSYCHOTHERAPY, SUPPORT GROUPS, AND VARIOUS WORKSHOPS. ANNUALLY, MENTAL HEALTH STAFF PROVIDE OVER 4,000 HOURS OF INDIVIDUAL, COUPLES, FAMILY AND GROUP SESSIONS ON A SLIDING-FEE SCALE. MENTAL HEALTH STAFF: ASSESS AND TREAT CONDITIONS SUCH AS DEPRESSION AND ISOLATION; PROVIDES CRITICAL SUPPORT DURING TRAUMATIC PERIODS; AND, ADDRESS ISSUES PERTAINING TO BUILDING HEALTHY RELATIONSHIPS, SEXUAL ORIENTATION AND IDENTITY, SELF-ESTEEM, AND LIVING WITH HIV/AIDS. GROUP SERVICES INCLUDE THERAPY, SUPPORT, AND EDUCATIONAL SESSIONS DESIGNED TO CONNECT AND UNITE LGBT WOMEN, MEN, FAMILIES, AND ALLIES WHO SHARE SIMILAR CONCERNS.

EXPENSES \$ 1028727. INCLUDING GRANTS OF \$ 0. REVENUE \$ 205336.

FORM 990, PART VI, SECTION A, LINE 10: ANNUALLY, THE PROCESS FOR THE BOARD REVIEW INCLUDES THE STATEMENTS PROVIDED TO THE FULL FINANCE COMMITTEE FOR REVIEW AND COMMENTS. AFTER THEIR REVIEW AND APPROVAL, A COPY OF THE 990'S

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

CENTER ON HALSTED

Employer identification number

51-0178807

ARE PROVIDED TO THE FULL BOARD AT THE NEXT MEETING FOR THEIR REVIEW. AT THIS TIME, QUESTIONS ARE GIVEN TO THE BOARD TREASURER, IF ANY ARISE. AT THE BEGINNING OF EACH YEAR, A COPY OF THE PRIOR YEAR 990 IS PROVIDED TO THE ENTIRE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C: TWICE A YEAR, BOARD MEMBERS ARE ASKED AND DISCLOSURES ARE REQUESTED. THE BOARD REVIEWS THE POLICY ANNUALLY FOR COMPLIANCE AT THE BEGINNING OF EACH FISCAL YEAR WITH NEW AND RETURNING BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 15: THE CONTRACT FOR THE CEO IS A THREE (3) YEAR AGREEMENT. UPON THE LAST PERIOD, SALARY COMPARABLES WERE PROVIDED BY AN INDEPENDENT ACCOUNTING FIRM TO PROVIDE THE BOARD WITH SALARY INFORMATION. FROM THIS, THE BOARD SETS THE COMPENSATION OF THE CEO.

FORM 990, PART VI, SECTION C, LINE 19: ALL DOCUMENTS ARE PROVIDED UPON REQUEST TO ANY INTERESTED PARTY. THE BOARD GOVERNANCE DOCUMENTS AND CONFLICT OF INTEREST IS PROVIDED WHEN REQUESTED. ALL FINANCIAL INFORMATION IS POSTED ON OUR WEBSITE, GUIDESTAR AND ALSO AVAILABLE UPON REQUEST IF NECESSARY.



Form **990-W**

**Estimated Tax on Unrelated Business Taxable  
Income for Tax-Exempt Organizations**

OMB No. 1545-0976

**(WORKSHEET)**  
Department of the Treasury  
Internal Revenue Service

(and on Investment Income for Private Foundations) **FORM 990-T**  
(Keep for your records. Do not send to the Internal Revenue Service.)

**2009**

1	Unrelated business taxable income expected in the tax year .....	1	
2	Tax on the amount on line 1. See instructions for tax computation .....	2	
3	Alternative minimum tax (see instructions) .....	3	
4	Total. Add lines 2 and 3 .....	4	
5	Estimated tax credits (see instructions) .....	5	
6	Balance. Subtract line 5 from line 4 .....	6	
7	Other taxes (see instructions) .....	7	
8	Total. Add lines 6 and 7 .....	8	
9	Credit for federal tax paid on fuels (see instructions) .....	9	
10a	Subtract line 9 from line 8. <b>Note.</b> If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions .....	10a	
b	Enter the tax shown on the 2008 return (see instructions). <b>Caution.</b> If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c .....	10b	6,609.
c	<b>2009 Estimated Tax.</b> Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c .....	10c	6,640.
			<b>ADJUSTED TO</b>

		(a)	(b)	(c)	(d)
11	Installment due dates (see instructions) .....	11	12/15/09	03/15/10	06/15/10
12	Required installments. Enter 25% of line 10c in columns (a) through (d) unless the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization" (see instructions) .....	12	1,420.	1,660.	1,660.
13	2008 Overpayment (see instructions) .....	13	1,420.	771.	
14	Payment due. (Subtract line 13 from line 12.) .....	14		889.	1,660.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2009)

<b>ESTIMATED TAX</b>	6,640.
<b>AMOUNT PAID</b>	1,900.
<b>OVERPAYMENT APPLIED</b>	2,191.
<b>AMOUNT DUE</b>	2,549.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2008

Department of the Treasury Internal Revenue Service

For calendar year 2008 or other tax year beginning JUL 1, 2008, and ending JUN 30, 2009

Open to Public Inspection for 501(c)(3) Organizations Only

Header section containing organization name (CENTER ON HALSTED), address (3656 NORTH HALSTED, CHICAGO, IL 60613), and identification number (51-0178807).

H Describe the organization's primary unrelated business activity. DEBT-FINANCED INCOME

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No

J The books are in care of LEWIS WARRICK Telephone number (773) 472-6469

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1a-13 showing various income and expense categories.

Part II Deductions Not Taken Elsewhere (see instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 4 columns: Line number, Description, Sub-column, Total. Rows 14-34 showing various deduction categories and their impact on taxable income.

**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: <b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ <b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ <b>c</b> Income tax on the amount on line 34	<b>35c</b>	6,609.
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	<b>36</b>	
<b>37 Proxy tax.</b> See instructions	<b>37</b>	
<b>38 Alternative minimum tax</b>	<b>38</b>	
<b>39 Total.</b> Add lines 37 and 38 to line 35c or 36, whichever applies	<b>39</b>	6,609.

**Part IV Tax and Payments**

<b>40a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>40a</b>	
<b>b</b> Other credits (see instructions)	<b>40b</b>	
<b>c</b> General business credit. Attach Form 3800	<b>40c</b>	
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>40d</b>	
<b>e Total credits.</b> Add lines 40a through 40d	<b>40e</b>	
<b>41</b> Subtract line 40e from line 39	<b>41</b>	6,609.
<b>42</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	<b>42</b>	
<b>43 Total tax.</b> Add lines 41 and 42	<b>43</b>	6,609.
<b>44a</b> Payments: A 2007 overpayment credited to 2008	<b>44a</b>	6,600.
<b>b</b> 2008 estimated tax payments	<b>44b</b>	
<b>c</b> Tax deposited with Form 8868	<b>44c</b>	2,200.
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)	<b>44d</b>	
<b>e</b> Backup withholding (see instructions)	<b>44e</b>	
<b>f</b> Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	<b>44f</b>	
<b>45 Total payments.</b> Add lines 44a through 44f	<b>45</b>	8,800.
<b>46</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input checked="" type="checkbox"/>	<b>46</b>	
<b>47 Tax due.</b> If line 45 is less than the total of lines 43 and 46, enter amount owed	<b>47</b>	
<b>48 Overpayment.</b> If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	<b>48</b>	2,191.
<b>49</b> Enter the amount of line 48 you want: Credited to 2009 estimated tax 2,191. Refunded	<b>49</b>	0.

**Part V Statements Regarding Certain Activities and Other Information** (See instructions on page 18)

<b>1</b> At any time during the 2008 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file.		X
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year \$		

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation

N/A

<b>1</b> Inventory at beginning of year	<b>1</b>		<b>6</b> Inventory at end of year	<b>6</b>	
<b>2</b> Purchases	<b>2</b>		<b>7</b> Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	<b>7</b>	
<b>3</b> Cost of labor	<b>3</b>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
<b>4a</b> Additional section 263A costs	<b>4a</b>				X
<b>b</b> Other costs (attach schedule)	<b>4b</b>				
<b>5</b> Total. Add lines 1 through 4b	<b>5</b>				

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 taxpayer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer	Date	CHIEF EXECUTIVE OFFICER	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN P00031371
<b>Paid Preparer's Use Only</b>	Firm's name (or yours if self-employed), address, and ZIP code	RSM MCGLADREY INC ONE SOUTH WACKER DRIVE, SUITE 800 CHICAGO, IL 60606-3392		EIN 41-1944416
				Phone no. 312-634-3400

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)** (see instr. on pg 19)

1 Description of property		2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)			
(1)				
(2)				
(3)				
(4)				
Total 0.		Total 0.		
<b>(c) Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ...				<b>(b) Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) ... 0.

**Schedule E - Unrelated Debt-Financed Income** (See instructions on page 19)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
(1) CENTER ON HALSTED & WHOLE FOODS					
(2) BUILDING	355,723.				246,103.
(3)					
(4)					
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5			
STATEMENT 2	STATEMENT 3				
(1)		%			
(2) 1,730,907.	4,022,611.	43.03%	153,068.	105,898.	
(3)		%			
(4)		%			
<b>Totals</b> ...			153,068.	105,898.	0.
<b>Total dividends-received deductions</b> included in column 8 ...					0.

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (See instructions on page 20)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations		7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> ...					0.	0.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**  
(see instructions on page 21)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....	0.			0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**  
(see instructions on page 21)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> .....	0.	0.				0.

**Schedule J - Advertising Income** (see instructions on page 21)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) .....	0.	0.				0.

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) <b>Totals from Part I</b>	0.	0.				0.
<b>Totals, Part II</b> (lines 1-5) .....	0.	0.				0.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions on page 22)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
			%
			%
			%
			%
<b>Total.</b> Enter here and on page 1, Part II, line 14 .....			0.





# Underpayment of Estimated Tax by Corporations

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.  
▶ Attach to the corporation's tax return.

FORM **990-T**

**2008**

Name <b>CENTER ON HALSTED</b>	Employer identification number <b>51-0178807</b>
----------------------------------	---

**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

<b>Part I Required Annual Payment</b>			
1 Total tax (see instructions) .....		1	6,609.
2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....	2a		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....	2b		
c Credit for federal tax paid on fuels (see instructions) .....	2c		
d Total. Add lines 2a through 2c .....	2d		
3 Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty .....	3		6,609.
4 Enter the tax shown on the corporation's 2007 income tax return (see instructions). <b>Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5</b> .....	4		6,587.
5 <b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....	5		6,587.

**Part II Reasons for Filing** - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty (see instructions).

6  The corporation is using the adjusted seasonal installment method.

7  The corporation is using the annualized income installment method.

8  The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

<b>Part III Figuring the Underpayment</b>					
		(a)	(b)	(c)	(d)
9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year .....	9	10/15/08	12/15/08	03/15/09	06/15/09
10 <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each column. ....	10	1,647.	1,647.	1,646.	1,647.
11 Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15 .....	11	6,600.			
<b>Complete lines 12 through 18 of one column before going to the next column.</b>					
12 Enter amount, if any, from line 18 of the preceding column .....	12		4,953.	3,306.	1,660.
13 Add lines 11 and 12 .....	13		4,953.	3,306.	1,660.
14 Add amounts on lines 16 and 17 of the preceding column .....	14				
15 Subtract line 14 from line 13. If zero or less, enter -0- .....	15	6,600.	4,953.	3,306.	1,660.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....	16		0.	0.	
17 <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....	17				
18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....	18	4,953.	3,306.	1,660.	

**Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.**



**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see instructions). (Form 990-PF and Form 990-T filers: Use 5th month instead of 3rd month.)				
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19				
<b>21</b> Number of days on line 20 after 4/15/2008 and before 7/1/2008				
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 6\%}{366}$	\$	\$	\$	\$
<b>23</b> Number of days on line 20 after 06/30/2008 and before 10/1/2008				
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 5\%}{366}$	\$	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2008 and before 1/1/2009				
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 6\%}{366}$	\$	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2008 and before 4/1/2009				
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 5\%}{365}$	\$	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2009 and before 7/1/2009				
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	\$	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2009 and before 10/01/2009				
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	\$	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2009 and before 1/1/2010				
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	\$	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2009 and before 2/16/2010				
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	\$	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36	\$	\$	\$	\$
<b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120; line 33; or the comparable line for other income tax returns				\$ 0.

\* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.

**ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT**

PMT #	_____
AMT	_____
INIT	_____

**Attorney General LISA MADIGAN State of Illinois**  
**Charitable Trust Bureau, 100 West Randolph**  
**11th Floor, Chicago, Illinois 60601**

**CO # 01-010197**

**Report for the Fiscal Period:**

**Beginning** 07/01/2008

**& Ending** 06/30/2009  
MO DAY YR

**Make Checks Payable to the Illinois Charity Bureau Fund**

**Check all items attached:**  
 Copy of IRS Return  
 Audited Financial Statements  
 Copy of Form IFC  
 \$15.00 Annual Report Filing Fee  
 \$100.00 Late Report Filing Fee

Federal ID # 51-0178807

Are contributions to the organization tax deductible?

Yes  No

Date Organization was created:

01/01/1974  
MO DAY YR

LEGAL NAME <b>CENTER ON HALSTED</b>	Year-end amounts	
MAIL ADDRESS <b>3656 NORTH HALSTED</b>	A) ASSETS	A) \$ <b>26,297,737.</b>
CITY, STATE <b>CHICAGO, IL</b>	B) LIABILITIES	B) \$ <b>6,766,416.</b>
ZIP CODE <b>60613</b>	C) NET ASSETS	C) \$ <b>19,531,321.</b>
<b>I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:</b>	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	<b>50.340%</b>	D) \$ <b>1,992,133.</b>
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	<b>35.567%</b>	E) \$ <b>1,407,512.</b>
F) OTHER REVENUES	<b>14.094%</b>	F) \$ <b>557,734.</b>
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	<b>100%</b>	G) \$ <b>3,957,379.</b>
<b>II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:</b>		
H) OPERATING CHARITABLE PROGRAM EXPENSE	<b>76.673%</b>	H) \$ <b>3,602,648.</b>
I) EDUCATION PROGRAM SERVICE EXPENSE		I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	<b>76.673%</b>	J) \$ <b>3,602,648.</b>
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):		\$
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS		K) \$
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	<b>76.673%</b>	L) \$ <b>3,602,648.</b>
M) MANAGEMENT AND GENERAL EXPENSE	<b>15.231%</b>	M) \$ <b>715,679.</b>
N) FUNDRAISING EXPENSE	<b>8.096%</b>	N) \$ <b>380,405.</b>
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	<b>100%</b>	O) \$ <b>4,698,732.</b>
<b>III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:</b> (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)		
<b>PROFESSIONAL FUNDRAISERS:</b>		
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	<b>100%</b>	P) \$
Q) TOTAL FUNDRAISERS FEES AND EXPENSES		Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)		R) \$
<b>PROFESSIONAL FUNDRAISING CONSULTANTS:</b>		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$
<b>IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:</b>		
T) NAME, TITLE: <b>MODESTO H. VALLE, EXECUTIVE DIRECTOR</b>		T) \$ <b>155,000.</b>
U) NAME, TITLE: <b>COURTNEY REID, SR. DIRECTOR OF PRGRAMS</b>		U) \$ <b>90,228.</b>
V) NAME, TITLE: <b>LEWIS WARRICK, DIRECTOR OF FINANCE</b>		V) \$ <b>89,608.</b>
<b>V. CHARITABLE PROGRAM DESCRIPTION:</b> CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES		List on back side of instructions CODE
W) DESCRIPTION: <b>COUNSELING AND SUPPORT SERVICES</b>		W) # <b>102</b>
X) DESCRIPTION: <b>TRAINING AND EDUCATION</b>		X) # <b>091</b>
Y) DESCRIPTION: <b>ANTI-VIOLENCE PROJECT</b>		Y) # <b>300</b>

<b>IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:</b>		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT? .....		X
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY? .....		X
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION? .....		X
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES? .....		X
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION? .....		X
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC) .....		X
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? .....		X
7b.	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____ ; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____ ; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____ ; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____		
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES? .....		X
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY? .....		X
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS? .....		X
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:  <b><u>BANK OF AMERICA, 135 S. LASALLE STREET, CHICAGO, IL 60603</u></b>  _____  _____		
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <b><u>LEWIS WARRICK - (773) 472-6469</u></b>		

**ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS**

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

**BE SURE TO INCLUDE ALL FEES DUE:**

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

**MODESTO VALLE**

\_\_\_\_\_  
PRESIDENT or TRUSTEE (PRINT NAME) SIGNATURE DATE

**VICTORIA L. RAYMONT**

\_\_\_\_\_  
TREASURER or TRUSTEE (PRINT NAME) SIGNATURE DATE

**DAVID FAJE**

\_\_\_\_\_  
PREPARER (PRINT NAME) SIGNATURE DATE

**Estimated Income and Replacement  
 Tax Payments for Corporations 2009**

**Step 1: Complete the estimated tax worksheet.**

Complete this worksheet to compute your 2009 estimated tax. Keep this record for your files.

- |  |   |        |
|--|---|--------|
| 1 Write the amount of Illinois net income expected in 2009.  | 1 |        |
| 2 Multiply Line 1 by 7.3% (.073) and write the result.   | 2 |        |
| 3 Write the amount of Illinois tax credits expected in 2009.   | 3 |        |
| 4 Subtract Line 3 from Line 2 and write the result. This is the amount of unpaid estimated tax for 2009. If \$400 or less, stop. You do not have to make estimated tax payments. If more than \$400, continue to Line 5. | 4 | 3,370. |
| <b>Note:</b> If your income changes during the year, complete the Amended Estimated Tax Worksheet in the instructions.   |   | 3,400. |
| 5 Divide Line 4 by 4. This is the amount of each of your estimated tax payments.   | 5 | 850.   |
| <b>Note:</b> Your 2008 overpayment credited to 2009 should be used to reduce the first estimated tax payment and any subsequent tax payments until the entire credit is used.  |   | 900.   |
|  |   | 1,070. |

**Step 2: Complete the estimated tax voucher.**

- 1 Complete the voucher. Fiscal year filers see "When should I file and pay?"
- 2 Write your federal employer identification number (FEIN) and the tax year ending.
- 3 Write your name and address.
- 4 Write the amount you are paying from Step 1, Line 5, or Step 4, Line 9 or Line 11, if you amended your original estimated tax.
- 5 Detach the voucher and enclose a check or money order for the amount you are paying. Mail your completed voucher and payment to the address shown on the voucher. Write your FEIN and "IL-1120-ES" on your payment. Complete Step 3 below.

**Step 3: Record your estimated tax payments.**

ESTIMATE INSTALLMENT DUE DATES:

Voucher amount	Voucher date	Check or money order number
<b>Total</b>		

10/15/09	
12/15/09	
03/15/10	580.
06/15/10	850.

**Step 4: Complete the amended estimated tax worksheet if your income changes during the year**

- |  |    |  |
|--|----|--|
| 1 Write the amount of Illinois net income expected in 2009.  | 1  |  |
| 2 Multiply Line 1 by 7.3% (.073) and write the result.   | 2  |  |
| 3 Write the amount of Illinois tax credits expected in 2009.   | 3  |  |
| 4 Subtract Line 3 from Line 2 and write the result. This is the amount of unpaid estimated tax for 2009. If \$400 or less, stop. You do not have to make estimated tax payments.   | 4  |  |
| 5 Divide Line 4 by 4.  | 5  |  |
| 6 Write the amount of estimated tax payments made with 2009 Forms IL-1120-ES, including any 2008 overpayment credited to 2009 tax that was used to reduce your estimated tax payment.  | 6  |  |
| 7 Multiply Line 5 by the number of previously due estimated payments.  | 7  |  |
| 8 Subtract Line 6 from Line 7 and write the result. This amount may be negative.   | 8  |  |
| 9 Add Lines 5 and 8. If positive, this is the amount due on your next payment due date. If zero or negative, the amount due on your next payment due date is zero. If Line 9 is negative, continue to Line 10. Otherwise, stop here. | 9  |  |
| 10 If the amount on Line 9 is negative, write the amount as a positive number.   | 10 |  |
| 11 Subtract Line 10 from Line 5 and write the result. This is the amount due on the following due date.  | 11 |  |

849421  
10-17-08

Illinois Department of Revenue

**IL-1120-ES**

(R-12/08)

ID: 2BX

51-0178807 000 2

**Estimated Income and Replacement  
Tax Payment for Corporations**

Mail to Illinois Department of Revenue,  
P.O. Box 19045, Springfield, IL 62794-9045.

Official use only

**Estimated tax payment due dates**

- 15th day of the 4th month
- 15th day of the 6th month
- 15th day of the 9th month
- 15th day of the 12th month

Tax year ending 06 10

Month Year

₹

Amount of payment

Official use only

Return this voucher with check or money order  
payable to "Illinois Department of Revenue."

CENTER ON HALSTED  
3656 NORTH HALSTED  
CHICAGO, IL 60613

112060610 1 510178807 000 2

849421  
10-17-08

Illinois Department of Revenue

**IL-1120-ES**

(R-12/08)

ID: 2BX

51-0178807 000 2

**Estimated Income and Replacement  
Tax Payment for Corporations**

Mail to Illinois Department of Revenue,  
P.O. Box 19045, Springfield, IL 62794-9045.

Official use only

**Estimated tax payment due dates**

- 15th day of the 4th month
- 15th day of the 6th month
- 15th day of the 9th month
- 15th day of the 12th month

Tax year ending 06 10

Month Year

₹

Amount of payment

Official use only

Return this voucher with check or money order  
payable to "Illinois Department of Revenue."

CENTER ON HALSTED  
3656 NORTH HALSTED  
CHICAGO, IL 60613

112060610 1 510178807 000 2

849421  
10-17-08

Illinois Department of Revenue

**IL-1120-ES**

(R-12/08)

ID: 2BX

51-0178807 000 2

**Estimated Income and Replacement  
Tax Payment for Corporations**

Mail to Illinois Department of Revenue,  
P.O. Box 19045, Springfield, IL 62794-9045.

Official use only

**Estimated tax payment due dates**

- 15th day of the 4th month
- 15th day of the 6th month
- 15th day of the 9th month
- 15th day of the 12th month

Tax year ending 06 10  
Month Year

₹ 580.00  
Amount of payment

Official use only

Return this voucher with check or money order  
payable to "Illinois Department of Revenue."

CENTER ON HALSTED  
3656 NORTH HALSTED  
CHICAGO, IL 60613

112060610 1 510178807 000 2

849421  
10-17-08

Illinois Department of Revenue

**IL-1120-ES**

(R-12/08)

ID: 2BX

51-0178807 000 2

**Estimated Income and Replacement  
Tax Payment for Corporations**

Mail to Illinois Department of Revenue,  
P.O. Box 19045, Springfield, IL 62794-9045.

Official use only

**Estimated tax payment due dates**

- 15th day of the 4th month
- 15th day of the 6th month
- 15th day of the 9th month
- 15th day of the 12th month

Tax year ending 06 10  
Month Year

₹ 850.00  
Amount of payment

Official use only

Return this voucher with check or money order  
payable to "Illinois Department of Revenue."

CENTER ON HALSTED  
3656 NORTH HALSTED  
CHICAGO, IL 60613

112060610 1 510178807 000 2



# 2008 FORM IL-990-T

## Exempt Organization Income and Replacement Tax Return

Due on or before the 15th day of the 5th month (4th month for employee trusts) following the close of the tax year.

If this return is not for calendar year 2008, write your fiscal tax year here.

Tax year beginning JUL 1, 2008, ending JUN 30, 2009

Write the amount you are paying.  
\$ \_\_\_\_\_

### Step 1: Identify your exempt organization

**A** Write your exempt organization name and mailing address.  
If you have an address change, check this box.

CENTER ON HALSTED  
Name

C/O or name of trust's fiduciary

3656 NORTH HALSTED  
Mailing address

CHICAGO, IL 60613  
City State ZIP

**B** Check the box if one of the following apply.  
 first return  final return Write the final date. \_\_\_\_\_

**C** Write your federal employer identification no. (FEIN).  
51-0178807

**D** Check if you are taxed as a corporation.

**E** Check if you are taxed as a trust.

**F** Provide the nature of your unrelated trade or business SEE STATEMENT 1

**G** Check the box if you attached Illinois Schedule 1299-D, Income Tax Credits.

### Step 2: Figure your base income or loss

1 Unrelated business taxable income or loss from U.S. Form 990-T, Line 34.

Attach a copy of Page 1 of your U.S. Form 990-T.

1 44,062.  
2 2,108.  
3 46,170.

2 Illinois income and replacement tax deducted in arriving at Line 1.

3 **Base income or loss.** Add Lines 1 and 2.

**STOP** If the amount on Line 3 is derived only from inside Illinois or if you are an Illinois resident trust, skip Step 3 and go to Step 4; otherwise complete Step 3.

### Step 3: Figure your income allocable to Illinois

N/A

4 Trust, estate, or non-unitary partnership business income or loss included in Line 3.

4 \_\_\_\_\_

5 Business income or loss. Subtract Line 4 from Line 3.

5 \_\_\_\_\_

6 Total sales everywhere. This amount cannot be negative.

6 \_\_\_\_\_

7 Total sales inside Illinois. This amount cannot be negative.

7 \_\_\_\_\_

8 Apportionment factor. Divide Line 7 by Line 6 (carry to six decimal places).

8 \_\_\_\_\_

9 Business income or loss apportionable to Illinois. Multiply Line 5 by Line 8.

9 \_\_\_\_\_

10 Trust, estate, or non-unitary partnership business income or loss apportionable to Illinois.

10 \_\_\_\_\_

11 **Base income or net loss allocable to Illinois.** Add Lines 9 and 10.

11 \_\_\_\_\_

### Step 4: Figure your net replacement tax

12 Base income or net loss from Line 3 or Line 11.

12 46,170.

13 Replacement tax. Corporations multiply Line 12 by 2.5% (.025); trusts multiply by 1.5% (.015).

13 1,154.

14 Recapture of investment credits. Attach Schedule 4255.

14 \_\_\_\_\_

15 Replacement tax before investment credits. Add Lines 13 and 14.

15 1,154.

16 Investment credits. Attach Form IL-477. (Fiscal-year filers only. See instructions.)

16 \_\_\_\_\_

17 **Net replacement tax.** Subtract Line 16 from Line 15. Write "0" if this is a negative amount.

17 1,154.

NS DR \_\_\_\_\_

**Step 5: Figure your net income tax**

18	Base income or net loss from Line 12.	18	46,170.
19	Income tax. Corporations: multiply Line 18 by 4.8% (.048); trusts multiply by 3% (.03).	19	2,216.
20	Recapture of investment credits. <b>Attach</b> Schedule 4255.	20	
21	Income tax before credits. Add Lines 19 and 20.	21	2,216.
22	Income tax credits. <b>Attach</b> Schedule 1299-D.	22	
23	<b>Net income tax.</b> Subtract Line 22 from Line 21. If the amount is negative, write "0."	23	2,216.

**Step 6: Figure your refund or balance due**

24	Net replacement tax from Line 17.	24	1,154.
25	Net income tax from Line 23.	25	2,216.
26	<b>Total net income and replacement taxes.</b> Add Lines 24 and 25.	26	3,370.
27	Payments		
	a Credit from 2007 overpayment.	27a	3,240.
	b Total estimated payments.	27b	
	c Form IL-505-B (extension) payment.	27c	1,200.
28	Total payments. Add Lines 27a through 27c.	28	4,440.
29	<b>Overpayment.</b> If Line 28 is greater than Line 26, subtract Line 26 from Line 28.	29	1,070.
30	Amount to be <b>credited to 2009.</b>	30	1,070.
31	<b>Refund.</b> Subtract Line 30 from Line 29. This is the amount to be refunded.	31	0.
32	<b>Tax Due.</b> If Line 26 is greater than Line 28, subtract Line 28 from Line 26. This is the amount you owe.	32	

▶ **Make your check payable to "Illinois Department of Revenue."** ◀

**Special Note** → Write the amount of your payment on the top of Page 1 in the space provided.

**Step 7: Sign here**

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

		<b>CHIEF EXECUTIVE OFFICER</b>	
Signature of authorized officer	Date	Title	Phone
Signature of preparer	Date	41-1944416	
<b>RSM MCGLADREY INC</b>	<b>CHICAGO, IL</b>	Preparer's Social Security number or firm's FEIN	
Preparer firm's name (or yours, if self-employed)	Address	60606-3392	312-634-3400
			Phone

▶ **Mail this return to: Illinois Department of Revenue, P.O. Box 19009, Springfield, IL 62794-9009** ◀

---

---

FORM IL-990-T

NATURE OF TRADE OR BUSINESS

STATEMENT 1

---

DEBT-FINANCED INCOME

TO FORM IL-990-T, PAGE 1