

# Selden Fox, LTD.

A PROFESSIONAL CORPORATION  
CERTIFIED PUBLIC ACCOUNTANTS  
619 Enterprise Drive  
Oak Brook, Illinois 60523-8835

630-954-1400  
630-954-1327 FAX

email@seldenfox.com  
www.seldenfox.com

February 16, 2010

Ms. Barbara Castellan  
Gads Hill Center  
1919 West Cullerton Street  
Chicago, Illinois 60608

Dear Barbara:

Enclosed, in duplicate, for Gads Hill Center are the following federal and state income tax returns for the year ended June 30, 2009:

06/30/09 U.S. RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX  
FORM 990

06/30/09 ILLINOIS ATTORNEY GENERAL'S CHARITABLE ORGANIZATION  
ANNUAL REPORT – FORM AG990-IL

The original returns should be signed, dated and filed in accordance with the filing instructions. The copy stamped "Client's Copy" is for your use and should be retained for your files.

Upon an audit of the returns, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records.

We sincerely appreciate this opportunity to serve you. Please contact us if you have any questions concerning the returns or if we may be of further assistance.

Very truly yours,

SELDEN FOX, LTD.

William E. Weigel  
President

WEW/po

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2009

<b>Prepared for</b>	GADS HILL CENTER 1919 WEST CULLERTON STREET CHICAGO, IL 60608
<b>Prepared by</b>	SELDEN FOX, LTD. 619 ENTERPRISE DRIVE OAK BROOK, IL 60523-8835
<b>Amount due or refund</b>	NOT APPLICABLE
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
<b>Return must be mailed on or before</b>	MAY 15, 2010
<b>Special Instructions</b>	THE RETURN SHOULD BE SIGNED AND DATED.

**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> <b>GADS HILL CENTER</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1919 WEST CULLERTON STREET</b> City or town, state or country, and ZIP + 4 <b>CHICAGO, IL 60608</b>	<b>D Employer identification number</b> 36-2167082  <b>E Telephone number</b> 3122260963  <b>G Gross receipts \$</b> 3,922,971.  <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>F Name and address of principal officer:</b> BARBARA CASTELLAN SAME AS C ABOVE	
<b>J Website:</b> ▶ WWW.GADSHILLCENTER.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> 1898	<b>M State of legal domicile:</b> IL

Part I Summary				
	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>FAMILY SERVICES AND YOUTH PROGRAMS</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	3 16	
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	4 16	
	<b>5</b>	Total number of employees (Part V, line 2a)	5 86	
	<b>6</b>	Total number of volunteers (estimate if necessary)	6 718	
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a 0.	
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	3,504,836. 3,689,664.
<b>9</b>		Program service revenue (Part VIII, line 2g)	180,376. 112,898.	
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	39,156. 35,549.	
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,731. 10,421.	
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,738,099. 3,848,532.	
<b>Expenses</b>		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,750.
		<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	
		<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,367,092. 2,542,689.
		<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	
		<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 18,524.	
		<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,068,282. 1,169,136.
<b>18</b>		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,435,374. 3,718,575.	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	302,725. 129,957.		
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	2,964,483. 2,794,327.	
	<b>21</b>	Total liabilities (Part X, line 26)	758,241. 606,664.	
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	2,206,242. 2,187,663.	

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.		
<b>Sign Here</b>	Signature of officer _____ <b>BARBARA CASTELLAN</b> Type or print name and title	Date _____	
<b>Paid Preparer's Use Only</b>	Preparer's signature _____ Firm's name (or yours if self-employed), address, and ZIP + 4 <b>SELDEN FOX, LTD.</b> <b>619 ENTERPRISE DRIVE</b> <b>OAK BROOK, IL 60523-8835</b>	Date _____	Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) EIN ▶ _____ Phone no. ▶ 630-954-1400

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:
GADS HILL, A FAMILY RESOURCE CENTER ESTABLISHED IN 1898, PARTNERS WITH OUR COMMUNITY TO DEVELOP THE ASSETS OF CHILDREN, YOUTH, ADULTS, AND FAMILIES

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 [X] No
If "Yes", describe these new services on Schedule O.

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

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

4a (Code: ) (Expenses \$ 1,275,080. including grants of \$ ) (Revenue \$ 39,534. )
YOUTH AND COMMUNITY SERVICES - PROVIDE A SAFE AND FUN PLACE FOR RECREATION AND SPORTS ACTIVITIES AS WELL AS EDUCATIONAL SUPPORT.

4b (Code: ) (Expenses \$ 2,216,595. including grants of \$ ) (Revenue \$ 68,211. )
CHILDREN SERVICES - PROVIDE SERVICES TO CHILDREN TO PROMOTE LEARNING AND HEALTHY DEVELOPMENT.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

4e Total program service expenses \$ 3,491,675. (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

Form 990 (2008)

**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> 45		
<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> 86		
<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		
<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? N/A		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? N/A		
<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: N/A		
<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: N/A		
<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 N/A		
	<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: **BARBARA CASTELLAN - 312-226-0963**  
**1919 W. CULLERTON STREET, CHICAGO, IL 60608**

**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			
MS. VIRGINIA MARTINEZ DIRECTOR	1.30	X					0.	0.	0.	
MS. ELIECER PALACIOS TREASURER	1.30	X		X			0.	0.	0.	
MR. DAVID S. CROSSETT MEMBER-AT-LARGE	3.50	X		X			0.	0.	0.	
MR. JAMES P. BRETT SECRETARY	1.30	X		X			0.	0.	0.	
MR. JOSEPH J. ANSELMO DIRECTOR	1.30	X					0.	0.	0.	
MS. SUZANNE SHIER PRESIDENT	3.50	X		X			0.	0.	0.	
MS. DONNICA AUSTIN-CATHE DIRECTOR	2.50	X					0.	0.	0.	
MR. JORGE CAZARES VICE-PRESIDENT	2.50	X					0.	0.	0.	
MS. DEBRA CLAYTON DIRECTOR	1.30	X					0.	0.	0.	
MS. CHERYL M. FRANCIS DIRECTOR	1.30	X					0.	0.	0.	
MS. NORMA DIAZ DIRECTOR	1.30	X					0.	0.	0.	
MS. SANDRA SALGADO DIRECTOR	1.30	X					0.	0.	0.	
MR. MARIO UTRERAS DIRECTOR	1.30	X					0.	0.	0.	
MS. BEVERLY A. WYCKOFF DIRECTOR	1.30	X					0.	0.	0.	
MS. DORINDA FLORES DIRECTOR	3.00	X					0.	0.	0.	
MS. ROCIO GUILLEN DIRECTOR	1.30	X					0.	0.	0.	
MS. BARBARA CASTELLAN EXECUTIVE DIRECTOR	40.00			X			133,148.	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			
MR. ERNESTO DE LA TORRE CHIEF FINANCIAL OFFICER	40.00			X				69,700.	0.	0.
<b>1b Total</b>								202,848.	0.	0.

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

	Yes	No
<b>3</b> 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
<b>4</b> 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
<b>5</b> 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. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶ 0

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	251,126.				
	b	Membership dues	1b					
	c	Fundraising events	1c	52,902.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	2,962,510.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	423,126.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	<b>Total.</b> Add lines 1a-1f		3689664.				
	Program Service Revenue	2 a	<b>PROGRAM SERVICE FEES</b>	Business Code	624410	112,898.	112,898.	
b								
c								
d								
e								
f		All other program service revenue						
g		<b>Total.</b> Add lines 2a-2f		112,898.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		34,232.			34,232.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
			b	Less: rental expenses				
			c	Rental income or (loss)				
			d	Net rental income or (loss)				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			b	Less: cost or other basis and sales expenses				
			c	Gain or (loss)				
			d	Net gain or (loss)		1,317.		1,317.
	8 a	Gross income from fundraising events (not including \$ 52,902. of contributions reported on line 1c). See Part IV, line 18	a	20,074.				
			b	Less: direct expenses		23,875.		
			c	Net income or (loss) from fundraising events		-3,801.	-3,801.	
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
b			Less: direct expenses					
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					
		c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code					
11 a	<b>MISCELLANEOUS</b>	900099	14,222.	14,222.				
b								
c								
d	All other revenue							
e	<b>Total.</b> Add lines 11a-11d		14,222.					
12	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		3848532.	123,319.	0.	35,549.		

**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 .....	6,750.	6,750.		
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 .....	210,068.	155,016.	55,052.	
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 .....	1,915,313.	1,544,574.	217,361.	153,378.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....	39,068.	29,272.	6,464.	3,332.
9 Other employee benefits .....	222,763.	178,490.	27,748.	16,525.
10 Payroll taxes .....	155,477.	124,736.	19,469.	11,272.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....				
c Accounting .....	14,900.		14,900.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....				
g Other .....	393,146.	292,759.	96,204.	4,183.
12 Advertising and promotion .....				
13 Office expenses .....	242,411.	163,238.	72,432.	6,741.
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	204,581.		204,581.	
17 Travel .....	17,066.	15,274.	1,499.	293.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings .....	16,555.	7,371.	8,571.	613.
20 Interest .....	36,094.		36,094.	
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	138,724.		138,724.	
23 Insurance .....	31,997.		31,997.	
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>BUILDING REPAIRS AND MA</b>	35,072.		35,072.	
b <b>STAFF DEVELOPMENT</b>	11,747.	6,945.	3,997.	805.
c <b>PARENT INVOLVEMENT</b>	9,863.	9,863.		
d <b>SPECIAL EVENTS</b>	7,376.	6,533.	843.	
e <b>SUBSCRIPTIONS AND PUBLI</b>	7,093.	2,418.	3,230.	1,445.
f All other expenses .....	2,511.	948,436.	-765,862.	-180,063.
25 <b>Total functional expenses.</b> Add lines 1 through 24f	3,718,575.	3,491,675.	208,376.	18,524.
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)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing .....	294,207.	1	174,541.
	2 Savings and temporary cash investments .....		2	27,843.
	3 Pledges and grants receivable, net .....	188,219.	3	279,087.
	4 Accounts receivable, net .....	40,188.	4	8,907.
	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 .....	4,049.	9	1,223.
	10a Land, buildings, and equipment: cost basis ...	10a 2,867,102.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D .....	10b 1,542,453.	1,345,729.	10c 1,324,649.
	11 Investments - publicly traded securities .....		11	
	12 Investments - other securities. See Part IV, line 11 .....	1,092,091.	12	978,077.
	13 Investments - program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
	15 Other assets. See Part IV, line 11 .....		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....		2,964,483.	16	2,794,327.
Liabilities	17 Accounts payable and accrued expenses .....	117,314.	17	89,571.
	18 Grants payable .....		18	
	19 Deferred revenue .....		19	
	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 .....	640,927.	23	517,093.
	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 .....		758,241.	26
Net Assets or Fund Balances	<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 .....	438,594.	27	598,401.
	28 Temporarily restricted net assets .....	723,785.	28	700,140.
	29 Permanently restricted net assets .....	1,043,863.	29	889,122.
	<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> .....		2,206,242.	33	2,187,663.
34 <b>Total liabilities and net assets/fund balances</b> .....		2,964,483.	34	2,794,327.

**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? .....	X	

**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 **GADS HILL CENTER** Employer identification number **36-2167082**

**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>									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule A (Form 990 or 990-EZ) 2008

**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.") .....	3,091,073.	3,294,553.	3,215,659.	3,660,335.	3,651,178.	16,912,798.
<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 .....	3,091,073.	3,294,553.	3,215,659.	3,660,335.	3,651,178.	16,912,798.
<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.						16,912,798.

**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 .....	3,091,073.	3,294,553.	3,215,659.	3,660,335.	3,651,178.	16,912,798.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	42,409.	40,365.	41,609.	44,547.	33,205.	202,135.
<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.) .....	49,510.	43,745.	38,289.	13,731.	14,222.	159,497.
<b>11 Total support.</b> Add lines 7 through 10						17,274,430.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,188,691.
<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>	97.91 %
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f .....	<b>15</b>	97.44 %
<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

GADS HILL CENTER

Employer identification number

36-2167082

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>GADS HILL CENTER</b>	Employer identification number <b>36-2167082</b>
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ACTION FOR CHILDREN 1340 S DAMEN AVE, 3RD FLOOR CHICAGO, IL 60640	\$ 436,317.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	CHICAGO PUBLIC SCHOOLS 400 W 69TH ST CHICAGO, IL 60621	\$ 789,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	CITY OF CHICAGO DEPT FAMILY SUPP SVCS 33 N LASALLE, 8TH FLOOR CHICAGO, IL 60602	\$ 1,184,175.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	ILLINOIS DEPARTMENT OF HEALTH AND HUMAN SERVICES 535 W JEFFERSON, 3RD FLOOR SPRINGFIELD, IL 62702	\$ 173,829.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	ILLINOIS STATE BOARD OF EDUCATION 100 N FIRST ST SPRINGFIELD, IL 62777	\$ 129,545.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	UNITED WAY 560 WEST LAKE STREET CHICAGO, IL 60661	\$ 251,126.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b>  GADS HILL CENTER	<b>Employer identification number</b>  36-2167082
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	UNITED STATES DEPARTMENT OF EDUCATION  400 MARYLAND AVE, SW ROOM 4C138  WASHINGTON, D.C. 20202	\$ 218,915.	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.)
		\$ _____	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.)
		\$ _____	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

GADS HILL CENTER

Employer identification number

36-2167082

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, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

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

Table with 2 columns: Question, Held at the End of the Year. Rows include purpose of easements, total number of easements, total acreage, and monitoring details.

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.

Table with 2 columns: Question, Amount. Rows include questions about reporting works of art and historical treasures.

**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	1097116.				
<b>b</b> Contributions					
<b>c</b> Investment earnings or losses	-112,987.				
<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	984,129.				

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment  9.65 %
  - b** Permanent endowment  90.35 %
  - 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>(ii)</b> related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No

**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				
<b>b</b> Buildings		712,377.	586,231.	126,146.
<b>c</b> Leasehold improvements				
<b>d</b> Equipment				
<b>e</b> Other		2,154,725.	956,222.	1,198,503.
<b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				1,324,649.



**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	3,848,532.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,718,575.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	129,957.
4	Net unrealized gains (losses) on investments	4	-148,536.
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	-148,536.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-18,579.

**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	3,723,871.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-148,536.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	-148,536.
3	Subtract line 2e from line 1	3	3,872,407.
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	-23,875.
c	Add lines 4a and 4b	4c	-23,875.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	3,848,532.

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

1	Total expenses and losses per audited financial statements	1	3,742,450.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	23,875.
e	Add lines 2a through 2d	2e	23,875.
3	Subtract line 2e from line 1	3	3,718,575.
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	3,718,575.

**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 V, LINE 4: IN ACCORDANCE WITH ITS ENDOWMENT SPENDING PLAN, GADS**

**HILL CENTER INTENDS TO USE A PORTION OF THE INCOME FROM THE ENDOWMENT**

**FUNDS TO FUND GENERAL OPERATIONS.**

**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

**DIRECT FUNDRAISING EXPENSE SHOWN AS A REDUCTION OF REVENUE**

**ON FORM 990, BUT AS EXPENSE ON AUDITED FINANCIAL STATEMENTS**

**Part XIV** Supplemental Information *(continued)*

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSE SHOWN AS A REDUCTION OF REVENUE

ON FORM 990, BUT AS EXPENSE ON AUDITED FINANCIAL STATEMENTS

Multiple horizontal lines for supplemental information.



**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))
		<b>ANNUAL GALA</b> (event type)	(event type)	<b>NONE</b> (total number)	
Revenue	<b>1</b> Gross receipts .....	72,976.			72,976.
	<b>2</b> Less: Charitable contributions .....	52,902.			52,902.
	<b>3</b> Gross revenue (line 1 minus line 2) .....	20,074.			20,074.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Non-cash prizes .....				
	<b>6</b> Rent/facility costs .....	3,800.			3,800.
	<b>7</b> Other direct expenses .....	20,075.			20,075.
	<b>8</b> Direct expense summary. Add lines 4 through 7 in column (d) .....				( 23,875.)
	<b>9</b> Net income summary. Combine lines 3 and 8 in column (d) .....				-3,801.

**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))
		<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>15b</b>		
<b>16</b>		
<b>17a</b>		
<b>17b</b>		

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the U.S.**

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

OMB No. 1545-0047

2008

**Open to Public  
Inspection**

Name of the organization

**GADS HILL CENTER**

**Employer identification number**

**36-2167082**

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

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance

- 2** Enter total number of section 501(c)(3) and government organizations ..... ▶ \_\_\_\_\_
- 3** Enter total number of other organizations ..... ▶ \_\_\_\_\_

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2008

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS FOR STUDENTS ATTENDING ILLINOIS HIGH SCHOOLS, COLLEGES, AND UNIVERSITIES	11	6,750.	0.		

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

SCHEDULE I, PART I, LINE 2: SCHOLARSHIPS AWARDS ARE SUBMITTED DIRECTLY TO  
THE POST SECONDARY INSTITUTION.

IN ORDER TO BE ELIGIBLE FOR A HIGH SCHOOL SENIOR FELLOWSHIP, APPLICANTS  
MUST BE AN ACTIVE PARTICIPANT IN THE TEEN CONNECTION PROGRAM AND PROVIDE  
HIGH SCHOOL TRANSCRIPTS, COLLEGE APPLICATIONS SENT, COLLEGE ACCEPTANCE  
LETTERS RECEIVED, SCHOLARSHIP APPLICATIONS SENT, SCHOLARSHIP AWARD LETTERS  
RECEIVED, AND A COPY OF THE APPLICANT'S FAFSA. FURTHERMORE, THE APPLICANT  
MUST MEET DEADLINES RELATED TO PROVIDING THE INFORMATION ABOVE, COMPLETE

**Part IV** Supplemental Information

TEEN CONNECTION PROGRAM REQUIREMENTS, BE ACCEPTED TO A POST-SECONDARY INSTITUTION, AND ATTEND COUNSELING SESSIONS.

IN ORDER TO BE ELEIGIBLE FOR A COLLEGE FELLOWSHIP, APPLICANTS MUST BE ENROLLED AS A FULL-TIME STUDENT IN A COLLEGE OR A UNIVERSITY, PROVIDE COPIES OF REGISTRATION INFORMATION, GRADES, SCHOLARSHIP APPLICATIONS SENT, SCHOLARSHIP AWARD LETTERS RECEIVED, FAFSA RENEWALS, MAINTAIN A 2.5 GPA, COMPLETE AND SUBMIT A SELF ASSESSMENT QUESTIONNAIRE, HAVE MONTHLY COUNSELING SESSIONS, AND PARTICIPATE IN CERTAIN ASPECTS OF THE TEEN CONNECTION PROGRAM.

**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

GADS HILL CENTER

Employer identification number

36-2167082

FORM 990, PART VI, SECTION A, LINE 10: A COPY OF THE FEDERAL FORM 990 IS MADE AVAILABLE TO EACH VOTING MEMBER OF THE BOARD OF DIRECTORS. THE FINANCE COMMITTEE, THE EXECUTIVE DIRECTOR, AND THE CHIEF FINANCIAL OFFICER REVIEWED THE FEDERAL FORM 990 PRIOR TO FILING THE FORM.

FORM 990, PART VI, SECTION B, LINE 12C: GADS HILL CENTER CONDUCTS ANNUAL ETHICS TRAINING FOR THE BOARD OF DIRECTORS AND LEADERSHIP TEAM PRIOR TO SIGNING THE CONFLICT OF INTEREST STATEMENT

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE DIRECTOR'S COMPENSATION IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. ALL OTHER STAFF COMPENSATION IS REVIEWED AND APPROVED BY THE CHIEF EXECUTIVE OFFICER. DOCUMENTATION REGARDING DECISIONS MADE ON EACH STAFF MEMBER'S COMPENSATION IS MAINTAINED IN THAT PERSON'S PERSONNEL FILE.

FORM 990, PART VI, SECTION C, LINE 19: GADS HILL CENTER'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

2008 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	LAND AND BUILDINGS	01/01/00	SL	30.00		HY16	567,111.				567,111.	558,923.		5,519.	564,442.
2	FURNITURE/EQUIP.	01/01/00	SL	5.00		HY16	127,413.				127,413.	127,413.		0.	127,413.
3	CHILD CARE CENTER	01/01/02	SL	25.00		HY16	1,111,022.				1,111,022.	288,866.		44,441.	333,307.
4	LAND AND BUILDINGS	03/30/01	SL	10.00		HY16	1,700.				1,700.	1,275.		170.	1,445.
5	FURNITURE/FIXTURES	03/31/01	SL	5.00		HY16	11,732.				11,732.	11,732.		0.	11,732.
6	BUILDING IMPRVMENTS	01/01/02	SL	10.00		HY16	58,100.				58,100.	37,765.		5,810.	43,575.
7	EQUIPMENT	01/01/02	SL	5.00		HY16	38,964.				38,964.	38,965.		0.	38,965.
8	CHILD CARE CENTER	06/29/01	SL	25.00		HY16	85,096.				85,096.	22,126.		3,404.	25,530.
9	EQUIPMENT	01/01/02	SL	5.00		HY16	64,213.				64,213.	64,213.		0.	64,213.
10	LAND AND BUILDINGS	01/01/03	SL	10.00		HY16	25,797.				25,797.	14,189.		2,580.	16,769.
11	CHILD CARE CENTER	01/01/03	SL	10.00		HY16	1,192.				1,192.	654.		119.	773.
12	EQUIPMENT	01/01/03	SL	3.00		HY16	9,388.				9,388.	9,388.		0.	9,388.
13	BLDG IMPROV-2004	06/30/04	SL	10.00		HY16	163,715.				163,715.	73,674.		16,372.	90,046.
14	EQUIPMENT - 2004	06/30/04	SL	5.00		HY16	18,835.				18,835.	18,285.		550.	18,835.
15	CHILD CARE CENTER	06/30/05	SL	30.00		HY16	145,266.				145,266.	16,947.		4,842.	21,789.
16	2005 VAN	06/30/05	SL	5.00		HY16	25,760.				25,760.	18,032.		5,152.	23,184.
17	BUILDING IMPROV 20	06/30/05	SL	10.00		HY16	34,375.				34,375.	12,033.		3,438.	15,471.
18	COMPUTER 2005	06/30/05	SL	3.00		HY16	4,490.				4,490.	4,490.		0.	4,490.

2008 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	FURNITURE/EQUIP 05	06/30/05	SL	5.00		HY16	9,045.				9,045.	6,332.		1,809.	8,141.
20	PLAYGROUND EQUIPME	06/30/05	SL	10.00		HY16	14,325.				14,325.	7,163.		1,433.	8,596.
21	BUILDING-GENERAL	06/30/06	SL	10.00		HY16	101,441.				101,441.	25,360.		10,144.	35,504.
22	FURNITURE & EQUIP	06/30/06	SL	5.00		HY16	14,375.				14,375.	7,188.		2,875.	10,063.
23	EQUIPMENT	06/30/06	SL	5.00		HY16	41,152.				41,152.	20,575.		8,230.	28,805.
24	PLAYGROUND-06	06/30/06	SL	5.00		HY16	31,229.				31,229.	15,613.		7,675.	23,288.
25	BUILDING IMPROV 2008	06/30/07	SL	10.00		HY16	30,993.				30,993.	916.		3,099.	4,015.
26	EQUIPMENT 2008	06/30/07	SL	5.00		HY16	2,439.				2,439.	426.		488.	914.
27	OFFICE EQUIPMENT 2008	06/30/07	SL	3.00		HY16	10,290.				10,290.	1,186.		3,430.	4,616.
28	BUILDING IMPROV 2009	01/01/09	SL	10.00		HY16	100,743.				100,743.			3,060.	3,060.
29	FURNITURE & EQUIP 2009	02/28/09	SL	5.00		HY16	608.				608.			51.	51.
30	OFFICE EQUIPMENT 2009	01/01/09	SL	3.00		HY16	16,293.				16,293.			4,033.	4,033.
	* TOTAL 990 PAGE 10 DEPR						2,867,102.				2,867,102.	1,403,729.		138,724.	1,542,453.

# Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

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

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

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

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

<b>Type or print</b>	Name of Exempt Organization <b>GADS HILL CENTER</b>	Employer identification number <b>36-2167082</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1919 WEST CULLERTON STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>CHICAGO, IL 60608</b>	

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

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

**BARBARA CASTELLAN**

- The books are in the care of ▶ **1919 W. CULLERTON STREET - CHICAGO, IL 60608**  
Telephone No. ▶ **312-226-0963** FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**.

**2** If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	
<b>c</b> <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>N/A</b>

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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

<b>Part II Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).		
<b>Type or print</b>  <small>File by the extended due date for filing the return. See instructions.</small>	Name of Exempt Organization <b>GADS HILL CENTER</b>	Employer identification number <b>36-2167082</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1919 WEST CULLERTON STREET</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>CHICAGO, IL 60608</b>	

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

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

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

**BARBARA CASTELLAN**

• The books are in the care of **▶ 1919 W. CULLERTON STREET - CHICAGO, IL 60608**  
 Telephone No. **▶ 312-226-0963** FAX No. **▶**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**4** I request an additional 3-month extension of time until **MAY 15, 2010**.

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

**6** If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

**7** State in detail why you need the extension  
**ADDITIONAL TIME NEEDED IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$
<b>c</b> <b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$ <b>N/A</b>

**Signature and Verification**

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

Signature **▶ *[Handwritten Signature]*** Title **▶ CPA** Date **▶ 2-8-10**

# TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM AG990-IL

FOR THE YEAR ENDING

JUNE 30, 2009

<b>Prepared for</b>	GADS HILL CENTER 1919 WEST CULLERTON STREET CHICAGO, IL 60608
<b>Prepared by</b>	SELDEN FOX, LTD. 619 ENTERPRISE DRIVE OAK BROOK, IL 60523-8835
<b>Amount due or refund</b>	NO PAYMENT REQUIRED. FILING FEE (\$15) WAS PAID WITH 2ND EXTENSION.
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	OFFICE OF THE ATTORNEY GENERAL CHARITABLE TRUST BUREAU 100 WEST RANDOLPH ST., 11TH FLOOR CHICAGO, IL 60601-3175
<b>Return must be mailed on or before</b>	MAY 15, 2010
<b>Special Instructions</b>	FORM AG990-IL SHOULD BE SIGNED AND DATED BY THE REQUIRED INDIVIDUAL(S).

**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 # 01-003-598**

**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 # 36-2167082

Are contributions to the organization tax deductible?  Yes  No

Date Organization was created: 04/18/1898  
MO DAY YR

LEGAL NAME <b>GADS HILL CENTER</b>	Year-end amounts	
MAIL ADDRESS <b>1919 WEST CULLERTON STREET</b>	A) ASSETS	A) \$ <b>2,794,327.</b>
CITY, STATE <b>CHICAGO, IL</b>	B) LIABILITIES	B) \$ <b>606,664.</b>
ZIP CODE <b>60608</b>	C) NET ASSETS	C) \$ <b>2,187,663.</b>
<b>I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:</b>	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	<b>22.212%</b>	D) \$ <b>860,126.</b>
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	<b>76.503%</b>	E) \$ <b>2,962,510.</b>
F) OTHER REVENUES	<b>1.285%</b>	F) \$ <b>49,771.</b>
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	<b>100%</b>	G) \$ <b>3,872,407.</b>
<b>II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:</b>		
H) OPERATING CHARITABLE PROGRAM EXPENSE	<b>93.757%</b>	H) \$ <b>3,508,800.</b>
I) EDUCATION PROGRAM SERVICE EXPENSE	<b>%</b>	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	<b>93.757%</b>	J) \$ <b>3,508,800.</b>
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):		\$
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	<b>0.180%</b>	K) \$ <b>6,750.</b>
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	<b>93.937%</b>	L) \$ <b>3,515,550.</b>
M) MANAGEMENT AND GENERAL EXPENSE	<b>5.568%</b>	M) \$ <b>208,376.</b>
N) FUNDRAISING EXPENSE	<b>0.495%</b>	N) \$ <b>18,524.</b>
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	<b>100%</b>	O) \$ <b>3,742,450.</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	<b>%</b>	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	<b>%</b>	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>BARBARA CASTELLAN, CHIEF EXECUTIVE OFFICER</b>		T) \$ <b>130,282.</b>
U) NAME, TITLE: <b>ERNESTO DE LA TORRE, CHIEF FINANCIAL OFFICER</b>		U) \$ <b>79,786.</b>
V) NAME, TITLE: <b>JANET BEALS, CHIEF DEVELOPMENT OFFICER</b>		V) \$ <b>79,652.</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>CLUB LEARN</b>		W) # <b>111</b>
X) DESCRIPTION: <b>PRESCHOOL PROGRAM</b>		X) # <b>110</b>
Y) DESCRIPTION: <b>HOME START</b>		Y) # <b>111</b>

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		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:		
	<u>NORTHERN TRUST COMPANY, 50 SOUTH LASALLE ST., CHICAGO, IL #5506379</u>		
	<u>MB FINANCIAL BANK, 1618 WEST 18TH STREET, CHICAGO, IL #4000003941</u>		
	<u>MB FINANCIAL BANK, 1618 WEST 18TH STREET, CHICAGO, IL #8000495401</u>		
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <u>BARBARA CASTELLAN - 312-226-0963</u>		

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.

BARBARA CASTELLAN

PRESIDENT or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

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

SIGNATURE

DATE

MARGARET MCGINNIS

PREPARER (PRINT NAME)

SIGNATURE

DATE

898101  
04-25-08

36-2985770

SELDEN FOX, LTD., 619 ENTERPRISE DRIVE, OAK BROOK, IL 60523

16200209 798777 20780-01

2008.05040 GADS HILL CENTER

20780-01

# Selden Fox, LTD.

A PROFESSIONAL CORPORATION  
CERTIFIED PUBLIC ACCOUNTANTS  
619 Enterprise Drive  
Oak Brook, Illinois 60523-8835

630-954-1400  
630-954-1327 FAX

email@seldenfox.com  
www.seldenfox.com

December 31, 2009

Illinois Attorney General's Office  
Charitable Trust and Solicitation Division  
3rd Floor  
100 West Randolph Street  
Chicago, Illinois 60601-3175

Re: Form AG990-IL Extension  
Gads Hill Center  
1919 West Cullerton Street  
Chicago, Illinois 60608  
EIN: 36-2167082  
Tax Year: June 30, 2009

Ladies or Gentlemen:

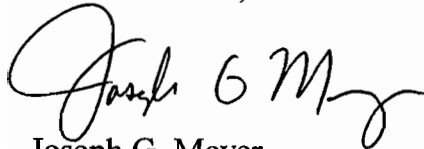
We hereby request an extension of time to file a Charitable Organization Annual Report (Form AG990-IL) for Gads Hill Center. This extension is requested so that necessary information can be obtained from third parties. We request an extension of time until February 15, 2010. The federal Form 990 has been extended until February 15, 2010.

This request is being filed in duplicate so that you can return a copy verifying your acceptance of our request for extension.

If you have any questions regarding this matter, please do not hesitate to call.

Very truly yours,

SELDEN FOX, LTD.



Joseph G. Meyer  
Vice President

JGM/po

# Selden Fox, LTD.

A PROFESSIONAL CORPORATION  
CERTIFIED PUBLIC ACCOUNTANTS  
619 Enterprise Drive  
Oak Brook, Illinois 60523-8835

email@seldenfox.com  
www.seldenfox.com

630-954-1400  
630-954-1327 FAX  
February 12, 2010

Illinois Attorney General's Office  
Charitable Trust and Solicitation Division  
3rd Floor  
100 West Randolph Street  
Chicago, Illinois 60601-3175

Re: Form AG990-IL Extension  
Gads Hill Center  
1919 West Cullerton Street  
Chicago, Illinois 60608  
EIN: 36-2167082  
Tax Year: June 30, 2009

Ladies or Gentlemen:

We hereby request an extension of time to file a Charitable Organization Annual Report (Form AG990-IL) for Gads Hill Center. This extension is requested so that necessary information can be obtained from third parties. We request an extension of time until May 15, 2010. The federal Form 990 has been extended until May 15, 2010.

This request is being filed in duplicate so that you can return a copy verifying your acceptance of our request for extension.

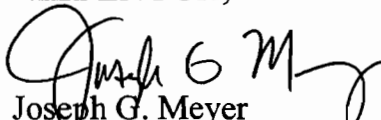
Please see the following enclosed:

- Draft of the AG990IL that contains preliminary figures which may be amended when filed;
- Draft of the financial statements including a balance sheet and income statement;
- A check for \$15 for the filing fee
- A copy of the IRS extension requesting a filing date of May 15, 2010

If you have any questions regarding this matter, please do not hesitate to call.

Very truly yours,

SELDEN FOX, LTD.

  
Joseph G. Meyer  
Vice President

**Gads Hill Center  
Audit Report  
For the Year Ended June 30, 2009**

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# Selden Fox, LTD.

A PROFESSIONAL CORPORATION  
CERTIFIED PUBLIC ACCOUNTANTS  
619 Enterprise Drive  
Oak Brook, Illinois 60523-8835

630-954-1400  
630-954-1327 FAX

email@seldenfox.com  
www.seldenfox.com

## INDEPENDENT AUDITOR'S REPORT

Board of Directors  
Gads Hill Center  
Chicago, Illinois

We have audited the accompanying statement of financial position of **Gads Hill Center** as of June 30, 2009 and 2008, and the related statements of activities, and functional expenses and directly related program services revenue for the year ended June 30, 2009, and cash flows for the years then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable, rather than absolute, assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Gads Hill Center as of June 30, 2009 and 2008, and the changes in net assets for the year ended June 30, 2009, and cash flows for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

*Selden Fox, Ltd.*

February 1, 2010

**Gads Hill Center**  
**Statement of Financial Position**  
**June 30,**

<b>Assets</b>	<b>2009</b>	<b>2008</b>
Current assets:		
Cash	\$ 174,541	\$ 276,893
Certificate of deposit	27,843	17,314
Due from government agencies	279,087	188,219
Interest receivable	3,252	2,225
Other receivables	5,655	37,963
Investments	978,077	1,092,091
Prepaid expenses	1,223	4,049
<b>Total current assets</b>	<b>1,469,678</b>	<b>1,618,754</b>
Property and equipment, at cost, less accumulated depreciation and amortization of \$1,542,453 (\$1,403,729 in 2008)	<b>1,324,649</b>	<b>1,345,729</b>
	<b>\$ 2,794,327</b>	<b>\$ 2,964,483</b>

See accompanying notes.

<b>Liabilities and Net Assets</b>	<b>2009</b>	<b>2008</b>
Current liabilities:		
Current portion of long-term debt	\$ 81,753	\$ 75,344
Accounts payable	53,129	82,159
Accrued expenses:		
Wages	28,293	29,471
Vacation	7,584	4,692
Other	565	992
<b>Total current liabilities</b>	<b>171,324</b>	<b>192,658</b>
Long-term debt, less current portion	435,340	565,583
<b>Total liabilities</b>	<b>606,664</b>	<b>758,241</b>
Net assets:		
Unrestricted:		
Available for operations	475,551	368,027
Reserve Fund	27,843	17,314
Portion of Memorial Endowment Funds designated for long-term investment	95,007	53,253
<b>Total unrestricted</b>	<b>598,401</b>	<b>438,594</b>
Temporarily restricted	700,140	723,785
Permanently restricted	889,122	1,043,863
<b>Total net assets</b>	<b>2,187,663</b>	<b>2,206,242</b>
<b>Total liabilities and net assets</b>	<b>\$ 2,794,327</b>	<b>\$ 2,964,483</b>

**Gads Hill Center**  
**Statement of Activities**  
**For the Year Ended June 30, 2009**  
**(With Comparative Totals for 2008)**

	2009			Total	2008 Total
	Unrestricted	Temporarily Restricted	Permanently Restricted		
Revenues:					
Contributions	\$ 235,324	\$ 258,000	\$ -	\$ 493,324	\$ 640,711
United Way of Metropolitan Chicago	-	251,126	-	251,126	326,126
Scholarships	-	2,778	-	2,778	10,040
Fees and grants from governmental agencies	4,068	2,958,442	-	2,962,510	2,527,959
Program service fees	12,805	100,093	-	112,898	180,376
Interest and dividends	34,232	-	-	34,232	42,893
Gain (loss) on investments	7,522	-	(154,741)	(147,219)	(103,866)
Miscellaneous income	6,570	7,652	-	14,222	13,731
Net assets released from restrictions:					
Scholarships	6,869	(6,869)	-	-	-
Program services	3,558,053	(3,558,053)	-	-	-
Child Care Center	36,814	(36,814)	-	-	-
<b>Total revenues</b>	<b>3,902,257</b>	<b>(23,645)</b>	<b>(154,741)</b>	<b>3,723,871</b>	<b>3,637,970</b>
Expenses:					
Program services:					
Children's Services	2,216,595	-	-	2,216,595	1,955,289
Youth and Community Services	1,275,080	-	-	1,275,080	1,145,431
<b>Total program services</b>	<b>3,491,675</b>	<b>-</b>	<b>-</b>	<b>3,491,675</b>	<b>3,100,720</b>
Supporting services:					
Management and general	208,376	-	-	208,376	281,067
Fund-raising	42,399	-	-	42,399	53,587
<b>Total supporting   services</b>	<b>250,775</b>	<b>-</b>	<b>-</b>	<b>250,775</b>	<b>334,654</b>
<b>Total expenses</b>	<b>3,742,450</b>	<b>-</b>	<b>-</b>	<b>3,742,450</b>	<b>3,435,374</b>
<b>Change in net assets</b>	<b>159,807</b>	<b>(23,645)</b>	<b>(154,741)</b>	<b>(18,579)</b>	<b>202,596</b>
Net assets, beginning of the year	438,594	723,785	1,043,863	2,206,242	2,003,646
Net assets, end of the year	<b>\$ 598,401</b>	<b>\$ 700,140</b>	<b>\$ 889,122</b>	<b>\$ 2,187,663</b>	<b>\$ 2,206,242</b>

See accompanying notes.

**Gads Hill Center**  
**Statement of Functional Expenses and**  
**Directly Related Program Services Revenue**  
**For the Year Ended June 30, 2009**

	Program Services		
	Children's Services	Youth and Community Services	Total
Expenses:			
Salaries and wages	\$ 1,097,370	\$ 594,760	\$ 1,692,130
Retirement benefits	23,820	12,912	36,732
Insurance benefits	116,125	62,365	178,490
Payroll taxes	81,287	43,449	124,736
<b>Total personnel cost</b>	<b>1,318,602</b>	<b>713,486</b>	<b>2,032,088</b>
Professional fees	5,912	83,977	89,889
Home care providers	202,870	-	202,870
Supplies	29,824	21,496	51,320
Food	88,334	20,418	108,752
Telephone	794	1,389	2,183
Postage and shipping	-	-	-
Insurance - general	-	-	-
Occupancy	-	-	-
Equipment repairs and maintenance	-	-	-
Building repairs and maintenance	-	-	-
Equipment rental	-	-	-
Printing	29	954	983
Transportation	8,107	7,167	15,274
Staff development	6,504	441	6,945
Conferences and meetings	1,702	5,669	7,371
Parent involvement	6,548	3,315	9,863
Special events	667	5,866	6,533
Subscriptions and publications	285	2,133	2,418
Interest and service fees	-	-	-
Depreciation	-	-	-
Other	60	-	60
	<b>1,670,238</b>	<b>866,311</b>	<b>2,536,549</b>
Allocation of supporting services:			
Facilities	309,086	254,262	563,348
Finance	33,397	19,656	53,053
Human resources	49,969	35,756	85,725
Development and fund-raising	95,549	56,231	151,780
Other indirect expenses	49,039	26,119	75,158
Technology	9,317	16,745	26,062
<b>Total expenses</b>	<b>\$ 2,216,595</b>	<b>\$ 1,275,080</b>	<b>\$ 3,491,675</b>
Directly related program services revenue:			
Contributions	\$ 25,400	\$ 212,600	\$ 238,000
United Way of Metropolitan Chicago	-	251,126	251,126
Fees and grants from governmental agencies	2,094,968	788,474	2,883,442
Program service fees	61,636	38,457	100,093
Miscellaneous income	6,575	1,077	7,652
<b>Total directly related program services revenue</b>	<b>\$ 2,188,579</b>	<b>\$ 1,291,734</b>	<b>\$ 3,480,313</b>

See accompanying notes.

Supporting Services			
Management and General	Fund- raising	Total	Total
\$ 269,792	\$ 153,378	\$ 423,170	\$ 2,115,300
9,085	3,332	12,417	49,149
27,748	16,525	44,273	222,763
19,469	11,272	30,741	155,477
326,094	184,507	510,601	2,542,689
111,104	4,183	115,287	205,176
-	-	-	202,870
8,136	931	9,067	60,387
-	-	-	108,752
20,345	-	20,345	22,528
1,281	2,932	4,213	4,213
31,997	-	31,997	31,997
204,581	-	204,581	204,581
8,941	-	8,941	8,941
35,072	-	35,072	35,072
33,729	-	33,729	33,729
-	2,878	2,878	3,861
1,499	293	1,792	17,066
3,997	805	4,802	11,747
8,571	613	9,184	16,555
-	-	-	9,863
843	23,875	24,718	31,251
3,230	1,445	4,675	7,093
36,094	-	36,094	36,094
138,724	-	138,724	138,724
9,201	-	9,201	9,261
983,439	222,462	1,205,901	3,742,450
(576,717)	13,369	(563,348)	-
(57,980)	4,927	(53,053)	-
(91,636)	5,911	(85,725)	-
61,134	(212,914)	(151,780)	-
(82,003)	6,845	(75,158)	-
(27,861)	1,799	(26,062)	-
\$ 208,376	\$ 42,399	\$ 250,775	\$ 3,742,450
\$ -	\$ -	\$ -	\$ 238,000
-	-	-	251,126
-	-	-	2,883,442
-	-	-	100,093
-	-	-	7,652
\$ -	\$ -	\$ -	\$ 3,480,313

**Gads Hill Center  
Statement of Cash Flows  
For the Year Ended June 30,**

	<u>2009</u>	<u>2008</u>
Cash flows from operating activities:		
Change in net assets	\$ (18,579)	\$ 202,596
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	138,724	131,754
Unrealized (gain) loss on investments	148,536	97,745
Realized (gain) loss on investments	(1,317)	6,121
Cash provided by (applied to) other operating activities:		
Due from government agencies	(90,868)	111,475
Interest receivable	(1,027)	1,654
Other receivables	32,308	44,024
Prepaid expenses	2,826	1,513
Accounts payable	(29,030)	(64,154)
Accrued expenses	1,287	5,138
<b>Net cash from operating activities</b>	<b><u>182,860</u></b>	<b><u>537,866</u></b>
Cash flows used in investing activities:		
Proceeds from sale of investments	51,881	696,380
Purchase of investments	(85,086)	(740,929)
Purchase of certificates of deposit	(10,529)	(17,314)
Purchase of property and equipment	(117,644)	(43,722)
<b>Net cash used in investing activities</b>	<b><u>(161,378)</u></b>	<b><u>(105,585)</u></b>
Cash flows from financing activities:		
Net proceeds from (repayment of) line of credit	-	(251,052)
Repayment of long-term debt	(123,834)	(84,230)
Proceeds from long-term debt	-	150,000
<b>Net cash from financing activities</b>	<b><u>(123,834)</u></b>	<b><u>(185,282)</u></b>
<b>Increase (decrease) in cash</b>	<b>(102,352)</b>	<b>246,999</b>
Cash, beginning of the year	<u>276,893</u>	<u>29,894</u>
Cash, end of the year	<b><u>\$ 174,541</u></b>	<b><u>\$ 276,893</u></b>

See accompanying notes.

## Gads Hill Center Notes to the Financial Statements

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### 1. Summary of Significant Accounting Policies

**Organization and Purpose** – Gads Hill Center (the Organization), a family resource center established in 1898, partners with the community to develop the assets of children, youth, adults and families in the Pilsen neighborhood of Chicago, Illinois.

**Basis of Accounting** – These financial statements, which are presented on the accrual basis of accounting, have been prepared to focus on the Organization as a whole to present balances and transactions according to the existence or absence of donor imposed restrictions. This has been accomplished by classification of net assets and transactions into three classes: permanently restricted, temporarily restricted, and unrestricted.

Net assets and revenues, expenses, and gains and losses are classified based on the existence or absence of donor imposed restrictions. Accordingly, net assets and changes therein are classified as follows:

**Permanently Restricted Net Assets** – Net assets restricted by donors to be maintained by the Organization in perpetuity.

**Temporarily Restricted Net Assets** – Net assets subject to donor imposed stipulations that may or will be met by actions of the Organization or the passage of time.

**Unrestricted Net Assets** – Net assets not subject to donor imposed stipulations.

Revenues are reported as increases in unrestricted net assets, unless use of the related assets is limited by donor imposed restrictions. Expenses are reported as decreases in unrestricted net assets. Gains and losses on investments and other assets or liabilities are reported as increases or decreases in unrestricted net assets, unless their use is restricted by explicit donor stipulation or by law. Expiration of temporary restrictions on net assets (i.e., the donor imposed stipulated purpose has been fulfilled, or the stipulated time period has elapsed) are reported as reclassifications between the applicable classes of net assets.

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received. Unrestricted gifts and bequests are included in revenues when received. Upon receipt of a restricted contribution or pledge, temporarily or permanently restricted net assets are increased. Contributions or pledges received with donor imposed restrictions that are met in the same year as received are reported as revenues of the temporarily restricted fund. Contributions of exhaustible long-lived assets, or of cash or other assets used to acquire them, without donor imposed stipulations concerning the use of such long-lived assets, are reported as revenues of the temporarily restricted net asset class. The restrictions are considered to be released when the assets are placed in service.

**Gads Hill Center**  
**Notes to the Financial Statements (cont'd)**

**1. Summary of Significant Accounting Policies (cont'd)**

**Net Assets** – Permanently restricted net assets and net assets designated for long-term investment are contributions to the Leslie C. Harbison Memorial and the Marjorie and Frank Hubachek Memorial Endowment Funds. The permanently restricted net assets are to be held by the Organization in perpetuity. The net assets designated for long-term investments have not been explicitly restricted. However, the Organization's Board of Directors has designated them for long-term investment to honor the donors' implied intentions. The permanently restricted asset balance consists of the following at June 30:

	2009	2008
Leslie C. Harbison Memorial Endowment Fund	\$ 637,733	\$ 734,058
Marjorie and Frank Hubachek Memorial Endowment Fund	251,389	309,805
	\$ 889,122	\$ 1,043,863

The temporarily restricted asset balance consists of the following at June 30:

	2009	2008
Scholarships	\$ 38,625	\$ 42,716
Child Care Center	644,255	681,069
Teen Connection	5,757	-
Home-Based Head Start	2,369	-
Mentoring Program	9,134	-
	\$ 700,140	\$ 723,785

In 2002, Gads Hill Center received grants from the City of Chicago Department of Human Services and from a foundation to construct and operate a Child Care Center. Net assets of \$36,814 (\$36,812 in 2008) were released from the temporary donor restriction in 2009, by incurring depreciation, which satisfied the restricted purpose.

Gads Hill Center has designated \$27,843 (\$17,314 at June 30, 2008) of net assets at June 30, 2009 to establish a Board designated Reserve Fund for two purposes. The Board of Directors has approved up to \$195,000 to be designated. The Reserve Fund will assist the Organization in meeting operating cash obligations in any fiscal year as needed. In addition, the fund may, in the Board's discretion, be used to fund a retention program for senior management, as outlined in the plan document, approved at the Board of Directors' annual meeting on June 12, 2004. The program contributes to the Organization's overall focus on excellence in all facets of its operation. There has been no expense associated with this program for the years ended June 30, 2009 and 2008.

**Gads Hill Center**  
**Notes to the Financial Statements (cont'd)**

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**1. Summary of Significant Accounting Policies (cont'd)**

**Use of Estimates** – The preparation of financial statements in accordance with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and activities at the date of the financial statements and during the reporting period. Actual results could differ from those estimates. The Organization has determined that all receivables are fully collectible. The Organization records investments at fair value. The ultimate realization of the investments is based upon future economic factors related to the investments. For the aforementioned estimates, it is reasonably possible that the recorded amounts or related disclosures could significantly change in the near future as new information becomes available.

**Fair Value of Investments** – Gads Hill Center adopted the provisions of Statement of Financial Accounting Standards Number 157 – “Fair Value Measurements” (SFAS No. 157), which became effective for years beginning after November 15, 2007. SFAS No. 157 defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date, and establishes a framework for measuring fair value. SFAS No. 157 also establishes a three-level valuation hierarchy for fair value measurements.

The hierarchy is broken down into three levels based on the reliability of observable and unobservable inputs as follows:

**Level 1** – Valuations are based on quoted prices in active markets for identical assets or liabilities that the Organization has the ability to access at the measurement date.

**Level 2** – Valuations are based on quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, and model-derived valuations whose significant inputs are observable.

**Level 3** – Valuations are based on unobservable inputs for the asset or liability that reflect the reporting entity's own data and assumptions that market participants would use in pricing the asset or liability.

**Accounts Receivable** – Amounts due from government agencies are stated at the amount vouchered. Pledges receivable are stated at their present value. If necessary, an allowance for uncollectible amounts would be established through a provision for bad debts charged to expense. Amounts would then be charged against the allowance for uncollectible amounts when management believed collectibility is unlikely. Management's periodic evaluation of the adequacy of the allowance is based on the Organization's past experience, known and inherent risks, and current economic conditions.

**Gads Hill Center**  
**Notes to the Financial Statements (cont'd)**

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**1. Summary of Significant Accounting Policies (cont'd)**

**Property and Equipment** – Depreciation of property and equipment is provided by the straight-line method over the following estimated useful lives:

Building	25 – 30 years
Building improvements	10 years
Leasehold improvements	25 years
Furniture and equipment	5 years

Depreciation and amortization expense for the years ended June 30, 2009 and 2008 was \$138,724 and \$131,754, respectively.

**Income Taxes** – Gads Hill Center is a not-for-profit entity, as described in Section 501(c)(3) of the Internal Revenue Code, and is exempt from income taxes, except for taxes on unrelated business income generated from unrelated trade or business activities. Gads Hill Center had no unrelated trade or business activity in 2009 or 2008. Accordingly, no provision for income taxes is included in the financial statements.

In June 2006, the Financial Accounting Standards Board (FASB) issued Interpretation No. 48 (FIN 48), *Accounting for Uncertainty in Income Taxes*. FIN 48 provides detailed guidance for the financial statement recognition, measurement and disclosure of uncertain tax positions recognized in an enterprise's financial statements in accordance with Statement of Financial Accounting Standards No. 109, *Accounting for Income Taxes*. FIN 48 requires an entity to recognize the financial statement impact of a tax position when it is more likely than not that the position will be sustained upon examination. On December 30, 2008, the FASB issued FASB Staff Position FIN 48-3, which deferred the effective date of FIN 48 to the Organization's annual financial statements ending on December 31, 2009, and the Organization has elected to defer application of FIN 48. The Organization does not expect that the adoption of FIN 48 will have a material effect on its financial position, changes in net assets, or cash flows.

**Gads Hill Center**  
**Notes to the Financial Statements (cont'd)**

**2. Due From Government Agencies**

Gads Hill Center has entered into contracts with the City of Chicago through the Department of Human Services and other governmental departments. The contracts provide for reimbursement of services based on a per diem rate limited to a specific maximum. Vouchers receivable which have been submitted for covered expenses and services are as follows:

	<b>2009 Unpaid Vouchers</b>	2008 Unpaid Vouchers
City of Chicago – FSS – School Age Child Care	\$ 21,322	\$ 39,615
Illinois State Board of Education – Food Contract	10,986	11,232
City of Chicago – FSS – Head Start Collaboration	67,133	46,478
City of Chicago – FSS – Early Head Start	47,774	45,994
Illinois Department of Human Services – Teen Reach	40,229	8,400
U.S. Department of Education – Mentoring Program	39,276	-
Illinois Department of Human Services – Child Care	52,367	36,500
	<b>\$ 279,087</b>	<b>\$ 188,219</b>

**3. Investments**

Realized and unrealized gains and losses are recorded in the statement of activities. Cost and fair value of investments are as follows:

	<b>June 30, 2009</b>		June 30, 2008	
	<b>Cost</b>	<b>Fair Value</b>	Cost	Fair Value
Common and preferred stock	\$ 364,281	\$ 294,012	\$ 363,873	\$ 388,722
United States government securities	44,313	62,668	44,313	61,433
Mutual funds	201,690	138,667	198,203	191,200
Corporate notes	271,595	272,830	320,685	320,553
Money market	209,900	209,900	130,183	130,183
	<b>\$ 1,091,779</b>	<b>\$ 978,077</b>	<b>\$ 1,057,257</b>	<b>\$ 1,092,091</b>

The following is a description of the valuation methodologies used for investments measured at fair value, as well as the general classification of such investments pursuant to the valuation hierarchy.

**Gads Hill Center**  
**Notes to the Financial Statements (cont'd)**

**3. Investments (cont'd)**

Common stock, preferred stock, United States Government Securities, mutual funds, and money market funds are valued using quoted market prices. Accordingly, these assets totaling \$705,247 are categorized in Level 1 of the fair value hierarchy.

Corporate notes not actively traded are valued using pricing models based on standard inputs. These standard inputs, listed in approximate order of priority, include bench mark yields, reported trades, broker/dealer quotes, issuer spreads, two-sided markets, benchmark securities, bids, offers and reference data, including market research publications. Accordingly, these investments totaling \$272,830 are categorized in Level 2 of the fair value hierarchy.

**4. Property and Equipment**

Property and equipment is comprised of the following at June 30:

	2009	2008
Land and buildings	\$ 1,229,242	\$ 1,128,498
Leasehold improvements	1,197,310	1,197,310
Furniture and equipment	414,790	397,890
Vehicles	25,760	25,760
	2,867,102	2,749,458
Less accumulated depreciation and amortization	1,542,453	1,403,729
	\$ 1,324,649	\$ 1,345,729

**5. Line of Credit**

In September 2007, Gads Hill Center entered into a renewable credit agreement with a bank for a line of credit of up to \$225,000, dated September 6, 2007, with an original maturity date of September 6, 2008 that was extended to September 6, 2010. The line of credit had no balance and no interest paid or expensed for the year ended June 30, 2008 or 2009. Outstanding borrowings are due at maturity, with interest payable monthly at the bank's prime rate (6.00% at June 30, 2009).

Additionally, the Organization entered into a term loan, dated September 6, 2007, with the same bank. The original principal of \$150,000 is due in sixty monthly installments of \$3,013, including interest of 7.50% per annum, with the final payment due September 6, 2012. The balance of the term loan is \$32,728 at June 30, 2009 (\$110,000 at June 30, 2008).

Both the line of credit and the term loan are secured by receivables, inventory, equipment and general intangibles with a net book value of \$1,610,935.

**Gads Hill Center  
Notes to the Financial Statements (cont'd)**

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**6. Long-term Debt**

Gads Hill Center entered into a credit agreement, dated June 29, 2001, with the Illinois Facilities Fund to construct and operate the Child Care Center in conjunction with Mount Sinai Hospital. The original principal of \$500,000 is due in monthly installments of \$3,954, including interest of 5% per annum. The note payable, with an outstanding principal balance of \$325,421 at June 30, 2009 (\$355,769 at June 30, 2008), is due November 1, 2017.

Gads Hill Center entered into a credit agreement, dated February 24, 2006, with the Illinois Facilities Fund for window replacement. The original principal of \$70,000 is due in monthly installments of \$1,333, including interest of 5.375% per annum. The note payable, with an outstanding principal balance of \$26,661 at June 30, 2009 (\$40,807 at June 30, 2008), is due March 1, 2011. Both credit agreements from the Illinois Facilities Fund are secured by a first mortgage on the property at 1919 West Cullerton Street in Chicago, Illinois with a net book value of \$433,128 at June 30, 2009.

Gads Hill Center entered into a balloon installment note on May 10, 2005 for and secured by 1917 West Cullerton Street in Chicago, Illinois. The original principal of \$140,000 is due in eighty-four monthly installments of \$839, including interest of 6% per annum, plus a balloon balance of \$125,706 due May 10, 2012. The note payable has an outstanding principal balance of \$132,283 at June 30, 2009 (\$134,351 at June 30, 2008).

During the year ended June 30, 2009, \$33,343 of interest was incurred and paid under the credit agreements (\$37,325 in 2008).

Future maturities are as follows:

Year Ending June 30,	
2010	\$ 81,753
2011	47,597
2012	163,007
2013	37,052
2014	38,948
Thereafter	<u>148,736</u>
	<u>\$ 517,093</u>

**Gads Hill Center**  
**Notes to the Financial Statements (cont'd)**

**7. Endowments**

Gads Hill Center's funds consist of two funds established for providing the Organization with income to be used to fund the general charitable purposes of the Organization, which are Board designated unrestricted net assets.

With respect to permanently restricted funds, when a donor expresses clear intent in written documentation, state law requires the Organization to follow the donor's instructions. When a donor's intent is not explicitly expressed, applicable legislation directs the charity to spend an amount that is prudent and consistent with the donation's purpose, and considers the donor's intent that the fund continue in perpetuity.

The Organization invests its endowment funds in diversified portfolios of equity and fixed income securities to maximize total return consistent with prudent risk limitations. A spending policy (4%) has been established in attempts to balance the long-term objectives of maintaining the purchasing power of the funds while providing a reasonable, predictable, stable and sustainable level of income to support current operation consistent with all expressed limitations.

The activity in endowment funds for the years ended June 30 are as follows:

	Board Designated Endowment Funds	Permanently Restricted Endowment Funds	Total Endowment Funds
Balance, June 30, 2007	\$ 7,218	\$ 1,150,871	\$ 1,158,089
Contributions	-	-	-
Investment gain (loss)	46,035	(107,008)	(60,973)
Balance, June 30, 2008	53,253	1,043,863	1,097,116
Contributions	-	-	-
Investment gain (loss)	41,754	(154,741)	(112,987)
<b>Balance, June 30, 2009</b>	<b>\$ 95,007</b>	<b>\$ 889,122</b>	<b>\$ 984,129</b>

**Gads Hill Center**  
**Notes to the Financial Statements (cont'd)**

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**8. Retirement Benefits**

Gads Hill Center has various tax deferred annuity plans that cover all employees who have been employed for at least thirty days. Retirement expense is funded as accrued, and vested benefits are fully funded. There are no past service costs associated with these plans. Contributions are based on the employee's annual salary.

The 403(b) plan was amended effective January 1, 2007 to eliminate the employer's discretionary contribution. The 403(b) plan was amended again effective July 1, 2007 to reinstitute the employer's discretionary dollar for dollar matching contribution. The retirement expense for the years ended June 30, 2009 and 2008 was \$49,149 and \$39,751, respectively.

**9. Lease**

Gads Hill Center has entered into a lease agreement, which expires on September 30, 2020, with Mount Sinai Hospital for space to operate the Child Care Center. The lease agreement allows for extensions at Gads Hill Center's option for up to an additional ten years. All improvements made to the space by Gads Hill Center become the property of Mount Sinai Hospital at the termination of the lease. Lease payments increase annually based on the Consumer Price Index. Rental expense for 2009 and 2008 was \$157,509 and \$164,531, respectively.

Future minimum lease payments are as follows:

	Total
2010	\$ 164,587
2011	169,525
2012	174,610
2013	179,849
2014	185,244
Thereafter	1,289,886
	\$ 2,163,701

**10. Contingency**

Gads Hill Center has received significant financial assistance from federal and state agencies. The disbursement of funds received under these programs generally requires compliance with terms and conditions specified in the grant agreements, and may be subject to audit by the grantor agencies. Any disallowed claims resulting from such audits could become a liability. The Organization's management believes that the Organization is in compliance with the terms and conditions of the grant awards.

**Gads Hill Center**  
**Notes to the Financial Statements (cont'd)**

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**11. Comparative Prior Year Information**

The financial statements include certain prior year summarized comparative information. Such information does not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with the financial statements for the year ended June 30, 2008.

**Reclassifications** – Certain amounts in the 2008 financial statements have been reclassified to conform with the current year reporting format. There was no effect on net assets or the change in net assets.

# Selden Fox, LTD.

A PROFESSIONAL CORPORATION  
CERTIFIED PUBLIC ACCOUNTANTS  
619 Enterprise Drive  
Oak Brook, Illinois 60523-8835

630-954-1400  
630-954-1327 FAX

email@seldenfox.com  
www.seldenfox.com

## AUDITOR'S STATEMENT OF RESPONSIBILITY FOR SUPPLEMENTARY FINANCIAL INFORMATION

Board of Directors  
Gads Hill Center  
Chicago, Illinois

Our audits were made for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplementary information (pages 19 and 20) is presented for purposes of additional analysis, and is not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied to the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

*Selden Fox, Ltd.*

February 1, 2010

**Gads Hill Center**  
**Schedule of Revenue, Expenses and Changes in**  
**Net Assets - Endowment and Board Designated Funds**  
**For the Year Ended June 30, 2009**

	Leslie C. Harbison Memorial		
	Board Designated	Endowment	Total
Revenues:			
Interest and dividends	\$ 26,446	\$ -	\$ 26,446
Gain (loss) on investments	2,916	(96,325)	(93,409)
<b>Total revenues</b>	<u>29,362</u>	<u>(96,325)</u>	<u>(66,963)</u>
Expenses - transfer of investment income	<u>-</u>	<u>-</u>	<u>-</u>
<b>Change in net assets</b>	29,362	(96,325)	(66,963)
Net assets, beginning of the year	<u>32,593</u>	<u>734,058</u>	<u>766,651</u>
Net assets, end of the year	<u>\$ 61,955</u>	<u>\$ 637,733</u>	<u>\$ 699,688</u>

See auditor's statement of responsibility.

<u>Marjorie and Frank Hubachek Memorial</u>			
<u>Board</u>			
<u>Designated</u>	<u>Endowment</u>	<u>Total</u>	<u>Total</u>
\$ 7,786	\$ -	\$ 7,786	\$ 34,232
4,606	(58,416)	(53,810)	(147,219)
<u>12,392</u>	<u>(58,416)</u>	<u>(46,024)</u>	<u>(112,987)</u>
-	-	-	-
12,392	(58,416)	(46,024)	(112,987)
<u>20,660</u>	<u>309,805</u>	<u>330,465</u>	<u>1,097,116</u>
<u>\$ 33,052</u>	<u>\$ 251,389</u>	<u>\$ 284,441</u>	<u>\$ 984,129</u>

**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> <b>GADS HILL CENTER</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1919 WEST CULLERTON STREET</b> City or town, state or country, and ZIP + 4 <b>CHICAGO, IL 60608</b>	<b>D Employer identification number</b> 36-2167082  <b>E Telephone number</b> 3122260963  <b>G Gross receipts \$</b> 3,922,971.  <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.GADSHILLCENTER.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> 1898 <b>M State of legal domicile:</b> IL	

Part I Summary																									
	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>FAMILY SERVICES AND YOUTH PROGRAMS</u>																								
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.																								
Activities & Governance	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:75%;"><b>3</b> Number of voting members of the governing body (Part VI, line 1a)</td> <td style="width:5%; text-align: center;"><b>3</b></td> <td style="width:20%; text-align: right;">16</td> </tr> <tr> <td><b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)</td> <td style="text-align: center;"><b>4</b></td> <td style="text-align: right;">16</td> </tr> <tr> <td><b>5</b> Total number of employees (Part V, line 2a)</td> <td style="text-align: center;"><b>5</b></td> <td style="text-align: right;">86</td> </tr> <tr> <td><b>6</b> Total number of volunteers (estimate if necessary)</td> <td style="text-align: center;"><b>6</b></td> <td style="text-align: right;">718</td> </tr> <tr> <td><b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C)</td> <td style="text-align: center;"><b>7a</b></td> <td style="text-align: right;">0.</td> </tr> <tr> <td><b>b</b> Net unrelated business taxable income from Form 990-T, line 34</td> <td style="text-align: center;"><b>7b</b></td> <td style="text-align: right;">0.</td> </tr> </table>	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	16	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	16	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	86	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	718	<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>7a</b>	0.	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0.						
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Part II Signature Block					
<b>Sign Here</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 officer) is based on all information of which preparer has any knowledge.				
▶ Signature of officer  ▶ <b>BARBARA CASTELLAN</b> Type or print name and title	Date				
<b>Paid Preparer's Use Only</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">                     Preparer's signature ▶                       Firm's name (or yours if self-employed), address, and ZIP + 4 ▶  <b>SELDEN FOX, LTD.</b>  <b>619 ENTERPRISE DRIVE</b>  <b>OAK BROOK, IL 60523-8835</b> </td> <td style="width:10%;">                     Date                 </td> <td style="width:10%;">                     Check if self-employed <input type="checkbox"/> </td> <td style="width:40%;">                     Preparer's identifying number (see instructions)                       EIN ▶                       Phone no. ▶ 630-954-1400                 </td> </tr> </table>	Preparer's signature ▶  Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <b>SELDEN FOX, LTD.</b> <b>619 ENTERPRISE DRIVE</b> <b>OAK BROOK, IL 60523-8835</b>	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)  EIN ▶  Phone no. ▶ 630-954-1400
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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:
GADS HILL, A FAMILY RESOURCE CENTER ESTABLISHED IN 1898, PARTNERS WITH OUR COMMUNITY TO DEVELOP THE ASSETS OF CHILDREN, YOUTH, ADULTS, AND FAMILIES

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 [X] No
If "Yes", describe these new services on Schedule O.

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

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

4a (Code: ) (Expenses \$ 1,275,080. including grants of \$ ) (Revenue \$ 39,534. )
YOUTH AND COMMUNITY SERVICES - PROVIDE A SAFE AND FUN PLACE FOR RECREATION AND SPORTS ACTIVITIES AS WELL AS EDUCATIONAL SUPPORT.

4b (Code: ) (Expenses \$ 2,216,595. including grants of \$ ) (Revenue \$ 68,211. )
CHILDREN SERVICES - PROVIDE SERVICES TO CHILDREN TO PROMOTE LEARNING AND HEALTHY DEVELOPMENT.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

4e Total program service expenses \$ 3,491,675. (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

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**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> 45		
<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> 86		
<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		
<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? N/A		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? N/A		
<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: N/A		
<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: N/A		
<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 N/A		
	<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: **BARBARA CASTELLAN - 312-226-0963**  
**1919 W. CULLERTON STREET, CHICAGO, IL 60608**

**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			
MS. VIRGINIA MARTINEZ DIRECTOR	1.30	X						0.	0.	0.
MS. ELIECER PALACIOS TREASURER	1.30	X		X				0.	0.	0.
MR. DAVID S. CROSSETT MEMBER-AT-LARGE	3.50	X		X				0.	0.	0.
MR. JAMES P. BRETT SECRETARY	1.30	X		X				0.	0.	0.
MR. JOSEPH J. ANSELMO DIRECTOR	1.30	X						0.	0.	0.
MS. SUZANNE SHIER PRESIDENT	3.50	X		X				0.	0.	0.
MS. DONNICA AUSTIN-CATHE DIRECTOR	2.50	X						0.	0.	0.
MR. JORGE CAZARES VICE-PRESIDENT	2.50	X						0.	0.	0.
MS. DEBRA CLAYTON DIRECTOR	1.30	X						0.	0.	0.
MS. CHERYL M. FRANCIS DIRECTOR	1.30	X						0.	0.	0.
MS. NORMA DIAZ DIRECTOR	1.30	X						0.	0.	0.
MS. SANDRA SALGADO DIRECTOR	1.30	X						0.	0.	0.
MR. MARIO UTRERAS DIRECTOR	1.30	X						0.	0.	0.
MS. BEVERLY A. WYCKOFF DIRECTOR	1.30	X						0.	0.	0.
MS. DORINDA FLORES DIRECTOR	3.00	X						0.	0.	0.
MS. ROCIO GUILLEN DIRECTOR	1.30	X						0.	0.	0.
MS. BARBARA CASTELLAN EXECUTIVE DIRECTOR	40.00			X				133,148.	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			
MR. ERNESTO DE LA TORRE CHIEF FINANCIAL OFFICER	40.00			X				69,700.	0.	0.
<b>1b Total</b>								202,848.	0.	0.

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

	Yes	No
<b>3</b> 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
<b>4</b> 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
<b>5</b> 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. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶ 0

Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns .....	1a	251,126.				
	b	Membership dues .....	1b					
	c	Fundraising events .....	1c	52,902.				
	d	Related organizations .....	1d					
	e	Government grants (contributions) .....	1e	2,962,510.				
	f	All other contributions, gifts, grants, and similar amounts not included above .....	1f	423,126.				
	g	Noncash contributions included in lines 1a-1f: \$ .....						
	h	<b>Total.</b> Add lines 1a-1f .....			3689664.			
	Program Service Revenue	2 a	<b>PROGRAM SERVICE FEES</b>	Business Code				
			624410	112,898.	112,898.			
b								
c								
d								
e								
f		All other program service revenue .....						
g	<b>Total.</b> Add lines 2a-2f .....			112,898.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) .....		34,232.			34,232.	
	4	Income from investment of tax-exempt bond proceeds .....						
	5	Royalties .....						
	6 a		(i) Real	(ii) Personal				
			Gross Rents .....					
		b	Less: rental expenses .....					
		c	Rental income or (loss) .....					
	d	Net rental income or (loss) .....						
	7 a		(i) Securities	(ii) Other				
			Gross amount from sales of assets other than inventory .....		51,881.			
		b	Less: cost or other basis and sales expenses .....		50,564.			
		c	Gain or (loss) .....		1,317.			
	d	Net gain or (loss) .....			1,317.		1,317.	
	8 a		Gross income from fundraising events (not including \$ 52,902. of contributions reported on line 1c). See Part IV, line 18 .....	a	20,074.			
		b	Less: direct expenses .....	b	23,875.			
c		Net income or (loss) from fundraising events .....			-3,801.	-3,801.		
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	<b>MISCELLANEOUS</b>	900099		14,222.	14,222.			
b								
c								
d	All other revenue .....							
e	<b>Total.</b> Add lines 11a-11d .....			14,222.				
12	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e .....			3848532.	123,319.	0.	35,549.	

**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 .....	6,750.	6,750.		
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 .....	210,068.	155,016.	55,052.	
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 .....	1,915,313.	1,544,574.	217,361.	153,378.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....	39,068.	29,272.	6,464.	3,332.
9 Other employee benefits .....	222,763.	178,490.	27,748.	16,525.
10 Payroll taxes .....	155,477.	124,736.	19,469.	11,272.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....				
c Accounting .....	14,900.		14,900.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....				
g Other .....	393,146.	292,759.	96,204.	4,183.
12 Advertising and promotion .....				
13 Office expenses .....	242,411.	163,238.	72,432.	6,741.
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	204,581.		204,581.	
17 Travel .....	17,066.	15,274.	1,499.	293.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings .....	16,555.	7,371.	8,571.	613.
20 Interest .....	36,094.		36,094.	
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	138,724.		138,724.	
23 Insurance .....	31,997.		31,997.	
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>BUILDING REPAIRS AND MA</b> .....	35,072.		35,072.	
b <b>STAFF DEVELOPMENT</b> .....	11,747.	6,945.	3,997.	805.
c <b>PARENT INVOLVEMENT</b> .....	9,863.	9,863.		
d <b>SPECIAL EVENTS</b> .....	7,376.	6,533.	843.	
e <b>SUBSCRIPTIONS AND PUBLI</b> .....	7,093.	2,418.	3,230.	1,445.
f All other expenses .....	2,511.	948,436.	-765,862.	-180,063.
25 <b>Total functional expenses.</b> Add lines 1 through 24f .....	3,718,575.	3,491,675.	208,376.	18,524.
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>	<b>1</b> Cash - non-interest-bearing .....	294,207.	<b>1</b>	174,541.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	27,843.
	<b>3</b> Pledges and grants receivable, net .....	188,219.	<b>3</b>	279,087.
	<b>4</b> Accounts receivable, net .....	40,188.	<b>4</b>	8,907.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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 .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	4,049.	<b>9</b>	1,223.
	<b>10a</b> Land, buildings, and equipment: cost basis ...	<b>10a</b> 2,867,102.		
	<b>b</b> Less: accumulated depreciation. Complete Part VI of Schedule D .....	<b>10b</b> 1,542,453.	<b>1,345,729.</b>	<b>10c</b> 1,324,649.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	1,092,091.	<b>12</b>	978,077.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....		<b>2,964,483.</b>	<b>16</b>	<b>2,794,327.</b>
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	117,314.	<b>17</b>	89,571.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	640,927.	<b>23</b>	517,093.
	<b>24</b> Unsecured notes and loans payable .....		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....		<b>758,241.</b>	<b>26</b>
<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>			
	<b>27</b> Unrestricted net assets .....	438,594.	<b>27</b>	598,401.
	<b>28</b> Temporarily restricted net assets .....	723,785.	<b>28</b>	700,140.
	<b>29</b> Permanently restricted net assets .....	1,043,863.	<b>29</b>	889,122.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....		<b>2,206,242.</b>	<b>33</b>	<b>2,187,663.</b>
<b>34</b> Total liabilities and net assets/fund balances .....		<b>2,964,483.</b>	<b>34</b>	<b>2,794,327.</b>

**Part XI Financial Statements and Reporting**

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? .....		<b>X</b>
<b>b</b> Were the organization's financial statements audited by an independent accountant? .....	<b>X</b>	
<b>c</b> 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? .....	<b>X</b>	
<b>3a</b> 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? .....	<b>X</b>	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? .....	<b>X</b>	

**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 **GADS HILL CENTER** Employer identification number **36-2167082**

**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>									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule A (Form 990 or 990-EZ) 2008

**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.") .....	3,091,073.	3,294,553.	3,215,659.	3,660,335.	3,651,178.	16,912,798.
<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 .....	3,091,073.	3,294,553.	3,215,659.	3,660,335.	3,651,178.	16,912,798.
<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.						16,912,798.

**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 .....	3,091,073.	3,294,553.	3,215,659.	3,660,335.	3,651,178.	16,912,798.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	42,409.	40,365.	41,609.	44,547.	33,205.	202,135.
<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.) .....	49,510.	43,745.	38,289.	13,731.	14,222.	159,497.
<b>11 Total support.</b> Add lines 7 through 10						17,274,430.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,188,691.
<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>	97.91 %
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f .....	<b>15</b>	97.44 %
<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 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

GADS HILL CENTER

Employer identification number

36-2167082

**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 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, subject to the organization's exclusive legal control? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

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

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.

	Held at the End of the Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06 .....	2d

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? .....  Yes  No

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)? .....  Yes  No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- 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:
- (i) Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_

**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 .....	1097116.				
<b>b</b> Contributions .....					
<b>c</b> Investment earnings or losses .....	-112,987.				
<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 .....	984,129.				

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment ▶ 9.65 %
  - b** Permanent endowment ▶ 90.35 %
  - 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 ..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>(ii)</b> related organizations .....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No
- 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 .....				
<b>b</b> Buildings .....		712,377.	586,231.	126,146.
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....				
<b>e</b> Other .....		2,154,725.	956,222.	1,198,503.
<b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) .....				1,324,649.



**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	3,848,532.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,718,575.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	129,957.
4	Net unrealized gains (losses) on investments	4	-148,536.
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	-148,536.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-18,579.

**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	3,723,871.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-148,536.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	-148,536.
3	Subtract line 2e from line 1	3	3,872,407.
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	-23,875.
c	Add lines 4a and 4b	4c	-23,875.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	3,848,532.

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

1	Total expenses and losses per audited financial statements	1	3,742,450.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	23,875.
e	Add lines 2a through 2d	2e	23,875.
3	Subtract line 2e from line 1	3	3,718,575.
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	3,718,575.

**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 V, LINE 4: IN ACCORDANCE WITH ITS ENDOWMENT SPENDING PLAN, GADS**

**HILL CENTER INTENDS TO USE A PORTION OF THE INCOME FROM THE ENDOWMENT**

**FUNDS TO FUND GENERAL OPERATIONS.**

**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

**DIRECT FUNDRAISING EXPENSE SHOWN AS A REDUCTION OF REVENUE**

**ON FORM 990, BUT AS EXPENSE ON AUDITED FINANCIAL STATEMENTS**

**Part XIV** Supplemental Information *(continued)*

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSE SHOWN AS A REDUCTION OF REVENUE

ON FORM 990, BUT AS EXPENSE ON AUDITED FINANCIAL STATEMENTS

Multiple horizontal lines for supplemental information.



**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))
		<b>ANNUAL GALA</b> (event type)	(event type)	<b>NONE</b> (total number)	
Revenue	<b>1</b> Gross receipts .....	72,976.			72,976.
	<b>2</b> Less: Charitable contributions .....	52,902.			52,902.
	<b>3</b> Gross revenue (line 1 minus line 2) .....	20,074.			20,074.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Non-cash prizes .....				
	<b>6</b> Rent/facility costs .....	3,800.			3,800.
	<b>7</b> Other direct expenses .....	20,075.			20,075.
	<b>8</b> Direct expense summary. Add lines 4 through 7 in column (d) .....				( 23,875.)
	<b>9</b> Net income summary. Combine lines 3 and 8 in column (d) .....				-3,801.

**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))
		<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>15b</b>		
<b>15c</b>		
<b>16</b>		
<b>17a</b>		
<b>17b</b>		

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the U.S.**

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

OMB No. 1545-0047

2008

**Open to Public  
Inspection**

Name of the organization

**GADS HILL CENTER**

**Employer identification number**

**36-2167082**

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

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance

- 2** Enter total number of section 501(c)(3) and government organizations ..... ▶ \_\_\_\_\_
- 3** Enter total number of other organizations ..... ▶ \_\_\_\_\_

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2008

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS FOR STUDENTS ATTENDING ILLINOIS HIGH SCHOOLS, COLLEGES, AND UNIVERSITIES	11	6,750.	0.		

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

SCHEDULE I, PART I, LINE 2: SCHOLARSHIPS AWARDS ARE SUBMITTED DIRECTLY TO  
THE POST SECONDARY INSTITUTION.

IN ORDER TO BE ELIGIBLE FOR A HIGH SCHOOL SENIOR FELLOWSHIP, APPLICANTS  
MUST BE AN ACTIVE PARTICIPANT IN THE TEEN CONNECTION PROGRAM AND PROVIDE  
HIGH SCHOOL TRANSCRIPTS, COLLEGE APPLICATIONS SENT, COLLEGE ACCEPTANCE  
LETTERS RECEIVED, SCHOLARSHIP APPLICATIONS SENT, SCHOLARSHIP AWARD LETTERS  
RECEIVED, AND A COPY OF THE APPLICANT'S FAFSA. FURTHERMORE, THE APPLICANT  
MUST MEET DEADLINES RELATED TO PROVIDING THE INFORMATION ABOVE, COMPLETE

**Part IV Supplemental Information**

TEEN CONNECTION PROGRAM REQUIREMENTS, BE ACCEPTED TO A POST-SECONDARY INSTITUTION, AND ATTEND COUNSELING SESSIONS.

IN ORDER TO BE ELEIGIBLE FOR A COLLEGE FELLOWSHIP, APPLICANTS MUST BE ENROLLED AS A FULL-TIME STUDENT IN A COLLEGE OR A UNIVERSITY, PROVIDE COPIES OF REGISTRATION INFORMATION, GRADES, SCHOLARSHIP APPLICATIONS SENT, SCHOLARSHIP AWARD LETTERS RECEIVED, FAFSA RENEWALS, MAINTAIN A 2.5 GPA, COMPLETE AND SUBMIT A SELF ASSESSMENT QUESTIONNAIRE, HAVE MONTHLY COUNSELING SESSIONS, AND PARTICIPATE IN CERTAIN ASPECTS OF THE TEEN CONNECTION PROGRAM.

**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

GADS HILL CENTER

Employer identification number

36-2167082

FORM 990, PART VI, SECTION A, LINE 10: A COPY OF THE FEDERAL FORM 990 IS MADE AVAILABLE TO EACH VOTING MEMBER OF THE BOARD OF DIRECTORS. THE FINANCE COMMITTEE, THE EXECUTIVE DIRECTOR, AND THE CHIEF FINANCIAL OFFICER REVIEWED THE FEDERAL FORM 990 PRIOR TO FILING THE FORM.

FORM 990, PART VI, SECTION B, LINE 12C: GADS HILL CENTER CONDUCTS ANNUAL ETHICS TRAINING FOR THE BOARD OF DIRECTORS AND LEADERSHIP TEAM PRIOR TO SIGNING THE CONFLICT OF INTEREST STATEMENT

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE DIRECTOR'S COMPENSATION IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. ALL OTHER STAFF COMPENSATION IS REVIEWED AND APPROVED BY THE CHIEF EXECUTIVE OFFICER. DOCUMENTATION REGARDING DECISIONS MADE ON EACH STAFF MEMBER'S COMPENSATION IS MAINTAINED IN THAT PERSON'S PERSONNEL FILE.

FORM 990, PART VI, SECTION C, LINE 19: GADS HILL CENTER'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

# Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

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

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

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

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

<b>Type or print</b>	Name of Exempt Organization <b>GADS HILL CENTER</b>	Employer identification number <b>36-2167082</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1919 WEST CULLERTON STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>CHICAGO, IL 60608</b>	

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

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

**BARBARA CASTELLAN**

- The books are in the care of ▶ **1919 W. CULLERTON STREET - CHICAGO, IL 60608**  
Telephone No. ▶ **312-226-0963** FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**.

**2** If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	
<b>c</b> <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>N/A</b>

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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

<b>Part II Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).		
<b>Type or print</b>  <small>File by the extended due date for filing the return. See instructions.</small>	Name of Exempt Organization <b>GADS HILL CENTER</b>	<b>Employer identification number</b> <b>36-2167082</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1919 WEST CULLERTON STREET</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>CHICAGO, IL 60608</b>	

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

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

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

**BARBARA CASTELLAN**

• The books are in the care of **▶ 1919 W. CULLERTON STREET - CHICAGO, IL 60608**  
 Telephone No. **▶ 312-226-0963** FAX No. **▶**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)           . If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**4** I request an additional 3-month extension of time until **MAY 15, 2010**.

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

**6** If this tax year is for less than 12 months, check reason:  Initial return     Final return     Change in accounting period

**7** State in detail why you need the extension  
**ADDITIONAL TIME NEEDED IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$
<b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$ <b>N/A</b>

**Signature and Verification**

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

Signature **▶ *[Handwritten Signature]*** Title **▶ CPA** Date **▶ 2-8-10**