

**United States Bankruptcy Court  
Northern District of Illinois**

**Voluntary Petition**

Name of Debtor (if individual, enter Last, First, Middle): <b>Home Builders Assoc.of Greater Chicago</b>	Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): <b>HBAGC</b>	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN(if more than one, state all): <b>23-7260523</b>	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN(if more than one, state all):
Street Address of Debtor (No. & Street, City, and State): <b>5999 S. New Wilke Rd Suite 104 Rolling Meadows, IL</b>	Street Address of Joint Debtor (No. & Street, City, and State):
ZIP CODE <b>60008</b>	ZIP CODE
County of Residence or of the Principal Place of Business: <b>Cook</b>	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address):	Mailing Address of Joint Debtor (if different from street address):
ZIP CODE	ZIP CODE
Location of Principal Assets of Business Debtor (if different from street address above):	
ZIP CODE	

<p align="center"><b>Type of Debtor</b> (Form of Organization) (Check one box.)</p> <p><input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i></p> <p><input checked="" type="checkbox"/> Corporation (includes LLC and LLP)</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)</p> <p>_____</p>	<p align="center"><b>Nature of Business</b> (Check one box)</p> <p><input type="checkbox"/> Health Care Business</p> <p><input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B)</p> <p><input type="checkbox"/> Railroad</p> <p><input type="checkbox"/> Stockbroker</p> <p><input type="checkbox"/> Commodity Broker</p> <p><input type="checkbox"/> Clearing Bank</p> <p><input type="checkbox"/> Other</p> <hr/> <p align="center"><b>Tax-Exempt Entity</b> (Check box, if applicable)</p> <p><input checked="" type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code.)</p>	<p align="center"><b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box)</p> <p><input type="checkbox"/> Chapter 7</p> <p><input type="checkbox"/> Chapter 9</p> <p><input checked="" type="checkbox"/> Chapter 11</p> <p><input type="checkbox"/> Chapter 12</p> <p><input type="checkbox"/> Chapter 13</p> <p><input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding</p> <p><input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding</p> <hr/> <p align="center"><b>Nature of Debts</b> (Check one box)</p> <p><input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."</p> <p><input checked="" type="checkbox"/> Debts are primarily business debts.</p>
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<p align="center"><b>Filing Fee</b> (Check one box)</p> <p><input checked="" type="checkbox"/> Full Filing Fee attached</p> <p><input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b) See Official Form 3A.</p> <p><input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.</p>	<p align="center"><b>Chapter 11 Debtors</b></p> <p><b>Check one box:</b></p> <p><input checked="" type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D).</p> <p><input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).</p> <p><b>Check if:</b></p> <p><input checked="" type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000.</p> <p>-----</p> <p><b>Check all applicable boxes</b></p> <p><input type="checkbox"/> A plan is being filed with this petition</p> <p><input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).</p>
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<p><b>Statistical/Administrative Information</b></p> <p><input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors.</p> <p><input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.</p>	<b>THIS SPACE IS FOR COURT USE ONLY</b>																				
<p>Estimated Number of Creditors</p> <table style="width:100%; text-align: center;"> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1-49</td> <td>50-99</td> <td>100-199</td> <td>200-999</td> <td>1,000-5,000</td> <td>5,001-10,000</td> <td>10,001-25,000</td> <td>25,001-50,000</td> <td>50,001-100,000</td> <td>Over 100,000</td> </tr> </table>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-49	50-99	100-199	200-999	1,000-5,000	5,001-10,000	10,001-25,000	25,001-50,000	50,001-100,000	Over 100,000	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
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<p>Estimated Assets</p> <table style="width:100%; text-align: center;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> <td>More than \$1 billion</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
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<p>Estimated Liabilities</p> <table style="width:100%; text-align: center;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> <td>More than \$1 billion</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion	
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<p><b>Voluntary Petition</b> (This page must be completed and filed in every case)</p>	<p style="text-align: center;">Document Page 2 of 46</p> <p>Name of Debtor(s): <b>Home Builders Assoc. of Greater Chicago</b></p>
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**All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet.)

Location Where Filed: <b>NONE</b>	Case Number:	Date Filed:
Location Where Filed:	Case Number:	Date Filed:

**Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor** (If more than one, attach additional sheet)

Name of Debtor: <b>NONE</b>	Case Number:	Date Filed:
District:	Relationship:	Judge:

<p style="text-align: center;"><b>Exhibit A</b></p> <p>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>	<p style="text-align: center;"><b>Exhibit B</b></p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts)</p> <p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b).</p> <p><input checked="" type="checkbox"/> <b>Not Applicable</b></p> <p style="text-align: center;">Signature of Attorney for Debtor(s) <span style="float: right;">Date</span></p>
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**Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

Yes, and Exhibit C is attached and made a part of this petition.

No

**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

**Information Regarding the Debtor - Venue**  
(Check any applicable box)

Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.

There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.

Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

**Certification by a Debtor Who Resides as a Tenant of Residential Property**  
(Check all applicable boxes.)

Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following).

\_\_\_\_\_  
(Name of landlord that obtained judgment)

\_\_\_\_\_  
(Address of landlord)

Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and

Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.

Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

**Voluntary Petition**  
(This page must be completed and filed in every case)

Document  
Page 3 of 46  
Name of Debtor(s):  
**Home Builders Assoc.of Greater Chicago**

**Signatures**

**Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**Not Applicable**

Signature of Debtor

**Not Applicable**

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only **one** box.)

I request relief in accordance with chapter 15 of Title 11, United States Code. Certified Copies of the documents required by § 1515 of title 11 are attached.

Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the Chapter of title 11 specified in the petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**Not Applicable**

(Signature of Foreign Representative)

(Printed Name of Foreign Representative)

Date

**Signature of Attorney**

**s/ William J. Factor**

Signature of Attorney for Debtor(s)

**William J. Factor Bar No. 6205675**

Printed Name of Attorney for Debtor(s) / Bar No.

**The Law Office of William J. Factor, Ltd**

Firm Name

**1363 Shermer Road Suite 224**

Address

**Northbrook, IL 60062**

**847-239-7248**

**847-574-8233**

Telephone Number

**11/20/2009**

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Non-Attorney Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

**Not Applicable**

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**s/ Tracy Hill**

Signature of Authorized Individual

**Tracy Hill**

Printed Name of Authorized Individual

**Acting President**

Title of Authorized Individual

**11/20/2009**

Date

**Not Applicable**

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.

If more than one person prepared this document, attach to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

**United States Bankruptcy Court  
Northern District of Illinois**

In re Home Builders Assoc.of Greater Chicago, Case No. \_\_\_\_\_  
 Debtor Chapter 11

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i>	<i>Amount of claim [if secured also state value of security]</i>
Village of Addison 1 One Friendship Plaza Addison, IL 60101-2787				<b>\$2,253.99</b>
Tracy Hill 145 Adare Drive Cary, IL 60013-1695	Tracy Hill 8479976735 Tracy Hill 145 Adare Drive Cary, IL 60013-1695	Loan		<b>\$40,000.00</b>
Donald E. Stephens Convention Center 5555 N River Road Des Plaines, IL 60018				<b>\$25,000.00</b>
Brian Keith Advertising 1211 W 22nd Street, # 610 Oak Brook, IL 60523 Attn: Gary Davis	Gary Davis 6305710500 Brian Keith Advertising 1211 W 22nd Street, # 610 Oak Brook, IL 60523	Trade Debt		<b>\$20,000.00</b>
Marriott Hotels and Resorts Schaumburg Convention Center 1551 North Thoreau Drive Schaumburg, IL 60173				<b>\$15,000.00</b>
Marvin Windows and Doors 2020 Silver Bell Road, Suite 15 Eagan, MN 55122 Attn: Dominique Cook	Dominique Cook 6516862473 Marvin Windows and Doors 2020 Silver Bell Road, Suite 15 Eagan, MN 55122	MBS Deposit		<b>\$15,000.00</b>

In re Home Builders Assoc.of Greater Chicago, Case No. \_\_\_\_\_  
 Debtor Chapter 11

## LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i>	<i>Amount of claim [if secured also state value of security]</i>
Awards International 119 N Northwest Highway Palatine, IL 60067				<b>\$11,932.57</b>
Stock Building Supply 1331 Davis Road Elgin, IL 60123 Attn: Mike Rauchak	Mike Rauchak 8476223010 Stock Building Supply 1331 Davis Road Elgin, IL 60123	MBS Deposit		<b>\$11,250.00</b>
Chicago Tribune 435 North Michigan Avenue Chicago, IL 60611			<b>SUBJECT TO SETOFF</b>	<b>\$10,000.00</b>
James Hardie Building Products 26300 La Alameda Mission Viejo, CA 92691 Attn: Nicole Banda	Nicole Banda 9493484404 James Hardie Building Products 26300 La Alameda Mission Viejo, CA 92691	MBS Deposit		<b>\$17,000.00</b>
Anderson Windows Inc 1700 Downs Drive West Chicago, IL 60185 Attn: Joe Simons				<b>\$4,500.00</b>
Drury Lane 100 Drury Lane Oakbrook Terrace, IL 60181				<b>\$8,725.00</b>

In re Home Builders Assoc.of Greater Chicago, Case No. \_\_\_\_\_  
 Debtor Chapter 11

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

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<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i>	<i>Amount of claim [if secured also state value of security]</i>
<b>Strategy Planning Associates, Inc</b> 1100 E Woodfield Road, # 108 Schaumburg, IL 60173 Attn: Steve Hovany	<b>Steve Hovany</b> 8478827166 Strategy Planning Associates, Inc 1100 E Woodfield Road, # 108 Schaumburg, IL 60173	<b>Publication</b>		<b>\$7,350.00</b>
<b>The Mallard Press, Inc</b> 335 Eisenhower Lane South Lombard, IL 60148				<b>\$6,851.29</b>
<b>Lakeland Building Supply</b> PO Box 450 1600 Delany Road Gurnee, IL 60031-0450 Attn: Gregory Olesiak	<b>Gregory Olesiak</b> 8473362664 Lakeland Building Supply PO Box 450 1600 Delany Road Gurnee, IL 60031-0450	<b>MBS Deposit</b>		<b>\$6,750.00</b>
<b>Verizon Wireless</b> 12 Barharbor Court Lake in the Hills, IL 60156				<b>\$5,000.00</b>
<b>LP Building Products</b> 20215 South Rosewood Drive Frankfort, IL 60423 Attn: Wayne Bialka				<b>\$4,500.00</b>
<b>Moen Inc</b> 310 Cardiff Drive Algonquin, IL 60102 Attn: Chris Wulf				<b>\$5,625.00</b>

In re Home Builders Assoc.of Greater Chicago, Case No. \_\_\_\_\_  
Debtor Chapter 11

### LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

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<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i>	<i>Amount of claim [if secured also state value of security]</i>

### DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP

I, Tracy Hill, Acting President of the Corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date: 11/20/2009

Signature: s/ Tracy Hill

**Tracy Hill ,Acting President**  
\_\_\_\_\_  
(Print Name and Title)

Penalty for making a false statement or concealing property. Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C §§ 152 and 3571.

**Home Builders Association of Greater Chicago  
Balance Sheet**

As of September 30, 2009

	<u>Sep 30, 09</u>
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Checking/Savings</b>	
101100 · MB Financial	65,262.63
101701 · Scott Brown Memorial Fund Cash	16,596.93
<b>Total Checking/Savings</b>	<u>81,859.56</u>
<b>Other Current Assets</b>	
101400 · Petty Cash	34.13
104101 · A/R - Builder Fusion	33,864.00
104201 · A/R - AMS	25,035.58
104202 · A/R - AMS shows	4,500.00
104300 · Allow for Doubtful Account	-17,018.00
108400 · Prepaid Insurance-Cory	1,052.76
110100 · Security Deposits-Bldg	1,100.00
<b>Total Other Current Assets</b>	<u>48,568.47</u>
<b>Total Current Assets</b>	130,428.03
<b>Fixed Assets</b>	
110210 · Land	314,764.56
110250 · Fixed Assets-Building	1,668,286.39
111100 · Office Equipment/Furniture	467,468.15
111200 · Accumulated Depreciation	-360,280.20
112500 · Building Depreciation	-308,634.32
<b>Total Fixed Assets</b>	<u>1,781,604.58</u>
<b>Other Assets</b>	
107400 · Due to/from Housing Fnd.	570.71
107450 · Due to/from C.O.H.O-Dues	-2,089.94
107455 · Due to/from C.O.H.O-Events	-1,039.00
107700 · Due to/from AHA	6,236.94
<b>Total Other Assets</b>	<u>3,678.71</u>
<b>TOTAL ASSETS</b>	<u><u>1,915,711.32</u></u>



**Home Builders Association of Greater Chicago  
Balance Sheet**

As of September 30, 2009

Sep 30, 09

**LIABILITIES & EQUITY**

**Liabilities**

**Current Liabilities**

**Accounts Payable**

200000 · Accounts Payable 149,317.97

**Total Accounts Payable** 149,317.97

**Other Current Liabilities**

201020 · Credit Line Payable 99,172.61

203950 · Accrued Real Estate Taxes 61,550.21

203970 · Accrued BAD Commission 1,997.71

204100 · Deferred Dues Income 110,200.00

204360 · Due to HomeAid 1,524.59

206000 · GC Due to IHBPEC 220.00

206099 · AHA Dues Pass Thru 9,850.00

206100 · Dues Payable/HBAI 4,195.00

206200 · Dues Payable/NAHB 3,335.00

209000 · Deferred 2009 MBS

209001 · Booth Rental 241,858.75

209001 · 2010 Booth 2,250.00

209002 · Sponsorship 31,850.00

209003 · Attendee 1,045.00

209004 · Exhibit/Brochure -3,417.10

209005 · Hall Rental -8,400.00

209006 · MBS-Audience Development -35,000.00

209007 · Collateral Material -412.23

209008 · Supplies -250.00

209009 · Mail Lists -1,190.00

209010 · Web Mgmt -10,730.00

209011 · Legal Fees -3,625.00

209012 · Staff Education -2,164.85

209013 · Postage -6,692.92

209014 · Aux Collateral -1,755.58

209015 · Mgmt Fee -77,748.72

209016 · Builder Book -1,093.25

209017 · Celebrity Kitchen -27.00

209018 · Travel -446.30

209019 · Registration Expense -3,595.00

209020 · CC Fees -3,503.45

209021 · Misc. Exp. -1,364.57

209022 · Onsite Registration -1,392.89

209023 · Meeting Expense -169.53

209024 · Telephone -300.00

**Total 209000 · Deferred 2009 MBS** 113,725.36

**209200 · 2009 Key Awards**

209201 · Sponsorship 8,000.00

209200 · 2009 Key Awards - Other 9,500.00

**Total 209200 · 2009 Key Awards** 17,500.00

**Home Builders Association of Greater Chicago  
Balance Sheet**

As of September 30, 2009

	<u>Sep 30, 09</u>
209900 · Parade of Homes	
209902 · Misc.	-10,000.00
<b>Total 209900 · Parade of Homes</b>	<u>-10,000.00</u>
214650 · Deferred Market Report	21,234.68
215000 · Deferred YBC - Scott Brown Mem	14,846.29
27200 · Other Liabilities	60,000.00
<b>Total Other Current Liabilities</b>	<u>509,351.45</u>
<b>Total Current Liabilities</b>	658,669.42
<b>Long Term Liabilities</b>	
200001 · Note Payable-Builder Fusion	40,680.54
201010 · Building Loan Payable	1,389,132.84
<b>Total Long Term Liabilities</b>	<u>1,429,813.38</u>
<b>Total Liabilities</b>	2,088,482.80
<b>Equity</b>	
300000 · Restricted Fund	85,272.08
301100 · Retained Earnings- Operating	21,490.00
320000 · General Fund	-22,401.70
Net Income	-257,131.86
<b>Total Equity</b>	<u>-172,771.48</u>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<u><u>1,915,711.32</u></u>

Home Builders Association of Greater Chicago  
**Profit & Loss Budget vs. Actual**

January through September 2009

	<u>Jan - Mar 09</u>	<u>Apr - Jun 09</u>	<u>Jul - Sep 09</u>
<b>Income</b>			
<b>400100 · Dues Income</b>			
400101 · New member referrals	0.00	0.00	-400.00
400100 · Dues Income - Other	46,000.00	27,893.75	20,189.00
<b>Total 400100 · Dues Income</b>	<u>46,000.00</u>	<u>27,893.75</u>	<u>19,789.00</u>
400103 · General Membership Meetings	0.00	0.00	0.00
400113 · Miscellaneous	0.00	0.00	-623.00
<b>400124 · Golf Outings</b>			
406124 · YBC Golf Outing	0.00	0.00	6,640.40
<b>Total 400124 · Golf Outings</b>	<u>0.00</u>	<u>0.00</u>	<u>6,640.40</u>
400400 · Administrative Fee	0.00	0.00	0.00
<b>401211 · 2009 Inagural</b>			
401212 · Sponsors	5,750.00	0.00	0.00
401213 · Attendees	8,290.00	320.00	0.00
401214 · Hall/Caterer	-12,634.59	-15,000.00	0.00
401215 · Entertainment	-628.40	0.00	0.00
401216 · Decorations	-1,597.40	0.00	0.00
401217 · Awards/Plaques	-1,572.72	0.00	0.00
401218 · Photography	-430.00	0.00	0.00
<b>Total 401211 · 2009 Inagural</b>	<u>-2,823.11</u>	<u>-14,680.00</u>	<u>0.00</u>
<b>401310 · SMC - no cost event</b>			
401313 · Attendees	345.00	0.00	0.00
401314 · Meals for event	-143.37	0.00	0.00
<b>Total 401310 · SMC - no cost event</b>	<u>201.63</u>	<u>0.00</u>	<u>0.00</u>
<b>402210 · Trump Event.</b>			
402212 · Sponsorships	3,700.00	0.00	0.00
402213 · Attendees	7,868.00	0.00	0.00
402214 · Venue / hall / catering	-8,016.31	0.00	0.00
402299 · Miscellaneous	-227.22	0.00	0.00
<b>Total 402210 · Trump Event.</b>	<u>3,324.47</u>	<u>0.00</u>	<u>0.00</u>
<b>403100 · March madness event</b>			
403213 · Attendees	0.00	350.00	0.00
403214 · Food and beverage	0.00	-140.88	0.00
<b>Total 403100 · March madness event</b>	<u>0.00</u>	<u>209.12</u>	<u>0.00</u>
<b>404100 · Green Series of Events</b>			
404213 · Attendees	0.00	895.00	940.00
404214 · Venue cost	0.00	472.86	-80.00
<b>Total 404100 · Green Series of Events</b>	<u>0.00</u>	<u>1,367.86</u>	<u>860.00</u>
405123 · Market Forum	0.00	0.00	1,514.64
<b>405209 · Parade of Homes.</b>			
405212 · Sponsors - Parade	0.00	10,500.00	0.00
405213 · Participants - Parade	0.00	35,150.00	0.00
405215 · Advertising - Parade	0.00	-34,156.50	0.00
405216 · Printing - Parade	0.00	-5,931.20	0.00
405217 · Signage - Parade	0.00	-4,087.00	0.00
405220 · Travel - Parade	0.00	-40.00	0.00
405221 · Legal - Parade	0.00	-200.00	0.00
405209 · Parade of Homes. - Other	0.00	0.00	0.00
<b>Total 405209 · Parade of Homes.</b>	<u>0.00</u>	<u>1,235.30</u>	<u>0.00</u>
406126 · Weblinks	125.00	275.00	125.00
<b>408212 · YBC - Cubs Rooftop Outing</b>			
408215 · YBC Cubs Rooftop Expense	0.00	0.00	-900.00
408212 · YBC - Cubs Rooftop Outing - Other	0.00	0.00	1,985.00
<b>Total 408212 · YBC - Cubs Rooftop Outing</b>	<u>0.00</u>	<u>0.00</u>	<u>1,085.00</u>
<b>408313 · Day at the Lake Attendees</b>			
408315 · Day at the Lake Expenses	0.00	0.00	-270.55
408313 · Day at the Lake Attendees - Other	0.00	0.00	690.00
<b>Total 408313 · Day at the Lake Attendees</b>	<u>0.00</u>	<u>0.00</u>	<u>419.45</u>

Home Builders Association of Greater Chicago  
**Profit & Loss Budget vs. Actual**

January through September 2009

	<u>Jan - Mar 09</u>	<u>Apr - Jun 09</u>	<u>Jul - Sep 09</u>
<b>408412 · City Golf Sponsors</b>			
408415 · City Golf Permits etc	0.00	0.00	-2,710.00
408412 · City Golf Sponsors - Other	0.00	0.00	2,050.00
<b>Total 408412 · City Golf Sponsors</b>	<u>0.00</u>	<u>0.00</u>	<u>-660.00</u>
<b>408512 · Fisher Paycal Event</b>	0.00	0.00	170.00
<b>409100 · Reservations</b>	0.00	0.00	0.00
<b>409101 · Sponsors</b>	0.00	0.00	0.00
<b>409111 · Postage</b>	0.00	0.00	0.00
<b>409112 · Printing/Typesetting</b>	0.00	0.00	0.00
<b>409125 · Press Express</b>	0.00	0.00	0.00
<b>420119 · BAD Advertising Income</b>			
505355 · P/R Commissions.	0.00	0.00	0.00
540411 · BAD Typesetting	-5,420.84	-900.00	-1,200.00
540412 · BAD Comm & Editing	-3,467.71	-3,011.36	-519.66
540413 · BAD Printing	-4,605.84	-2,568.40	-2,259.49
540414 · BAD Misc. Expense	0.00	0.00	0.00
540415 · BAD Postage	-642.65	0.00	-204.41
420119 · BAD Advertising Income - Other	12,631.70	19,261.70	2,806.00
<b>Total 420119 · BAD Advertising Income</b>	<u>-1,505.34</u>	<u>12,781.94</u>	<u>-1,377.56</u>
<b>420121 · Directory</b>	0.00	850.00	400.00
<b>420122 · Market Report.</b>			
505345 · Credit Card Processing Fees	0.00	0.00	0.00
540100 · Market Report	0.00	0.00	0.00
420122 · Market Report. - Other	0.00	0.00	500.00
<b>Total 420122 · Market Report.</b>	<u>0.00</u>	<u>0.00</u>	<u>500.00</u>
<b>4802008 · Miscellaneous 08 events</b>			
480201 · NAHB Convention	-1,260.04	0.00	0.00
480202 · SMC Dfrd CSP I	-126.53	0.00	15.00
480203 · GMM's	2,628.91	59.00	0.00
480204 · SMC MCSP II	-368.62	0.00	0.00
480205 · SMC Executive Committe Mtg	-515.19	0.00	0.00
480206 · YBC Executive Committe Mtg	-651.95	0.00	0.00
480207 · New Homes Source	1,000.00	0.00	0.00
480208 · Education.	-977.15	0.00	0.00
480300 · Green Subcommittee	-797.86	0.00	0.00
4802008 · Miscellaneous 08 events - Other	-14,582.45	0.00	21,360.00
<b>Total 4802008 · Miscellaneous 08 events</b>	<u>-15,650.88</u>	<u>59.00</u>	<u>21,375.00</u>
<b>4802009 · Misc 2009 events</b>			
480400 · Wine & Cheese	0.00	715.00	0.00
<b>Total 4802009 · Misc 2009 events</b>	<u>0.00</u>	<u>715.00</u>	<u>0.00</u>
<b>490100 · Interest Income</b>	28.78	7.26	0.50
<b>490101 · Interest Income-LT Restd Rsve</b>	14.88	0.00	0.00
<b>490117 · P/R Commissions</b>	11.31	14.19	1.75
<b>490118 · GC Miscellaneous Income</b>	1,890.00	4,615.00	15,473.18
<b>490120 · HBAIL Royalties</b>	2,084.75	741.02	0.00
<b>490200 · Rental Income</b>	10,050.00	6,900.00	5,400.00
<b>Total Income</b>	<u>43,751.49</u>	<u>42,984.44</u>	<u>71,093.36</u>

**Home Builders Association of Greater Chicago  
Profit & Loss Budget vs. Actual**

January through September 2009

	<u>Jan - Mar 09</u>	<u>Apr - Jun 09</u>	<u>Jul - Sep 09</u>
<b>Expense</b>			
501100 · Salaries	66,075.69	36,837.51	29,587.50
501125 · 401-K Contribution	0.00	0.00	0.00
501400 · FICA Employer Expense	4,606.78	2,760.70	2,263.45
501500 · Federal Unemployment Tax	342.18	0.00	0.00
501600 · State Unemployment Tax	4,332.36	68.57	0.00
502100 · Staff Local Travel-Region	168.00	0.00	0.00
502150 · Staff Local Travel-Chapter	0.00	0.00	0.00
502270 · Meals & Entertainment	1,353.95	6.43	0.00
502400 · Car Allowance	1,000.00	0.00	0.00
502405 · CEO Expenses	1,250.00	0.00	0.00
503100 · Medical Insurance	5,327.11	-787.72	2,113.55
503120 · Long Term Disability	48.44	0.00	0.00
503150 · Dental Insurance	913.50	0.00	0.00
504104 · Line of Credit Interest	1,759.13	777.73	749.30
504105 · Building Cost-Interest Exp	29,601.75	22,227.28	22,471.54
504106 · Building-Operating Expense	1,127.07	531.86	546.99
504107 · Property Taxes	9,999.00	2,758.33	8,792.88
504108 · Building-Repairs/Maintenance	5,682.82	4,104.50	3,712.80
504110 · Utilities	4,562.61	1,794.59	2,624.75
504115 · Building Insurance	0.00	6,241.30	4,259.14
504120 · Telephone	3,688.88	1,551.64	1,868.19
504160 · Dues/Subscriptions	156.95	0.00	0.00
504170 · Stationary/Printing	381.14	0.00	0.00
504180 · Office Supplies	1,266.02	645.51	41.70
504190 · GC Postage Expense	2,627.00	331.80	-1,477.67
504210 · Meeting Expense	104.00	90.40	184.04
504300 · Capital Equipment	2,090.54	1,966.45	1,078.94
505100 · Public Relations	0.00	0.00	0.00
505200 · Legal Fees Expense	3,386.60	186.00	15,000.00
505340 · Bank Service Fees	936.29	2,597.38	2,348.20
505350 · Payroll Service Fee	482.90	182.88	177.12
505450 · Professional Fee-401(k) Plan	587.50	489.25	587.50
505500 · Misc Prof Fees-Computer	4,409.85	1,700.00	1,700.00
505550 · Outsourced accounting fees	0.00	700.00	0.00
550700 · Depreciation Expense	10,752.00	10,752.00	10,752.00
550710 · Depreciation-Building	11,718.00	11,718.00	11,718.00
560500 · GC Awards - Misc.	0.00	0.00	0.00
560550 · GC Storage	631.00	487.00	430.00
570605 · GC Internet Expense	2,025.46	527.44	746.86
580100 · GC Miscellaneous Exp	70.00	225.94	0.00
580110 · Membership-Misc.	-11.87	540.00	0.00
590999 · Misc expenses - 2008	-3,881.93	0.00	0.00
66000 · Payroll Expenses	0.00	0.00	0.00
999999 · Suspense account	0.00	950.88	150.00
<b>Total Expense</b>	<u>179,570.72</u>	<u>112,963.65</u>	<u>122,426.78</u>
<b>Net Loss</b>	<u><b>-135,819.23</b></u>	<u><b>-69,979.21</b></u>	<u><b>-51,333.42</b></u>

**HBAGC**  
**Statement of Cash Flow**  
**9/30/2009**

	9 months ended <u>2009</u>	12 months ended <u>2008</u>	12 months ended <u>2007</u>
<b>Operating activities</b>			
Net income (loss)	(\$257,132)	(\$283,737)	(\$241,010)
Adjustments to reconcile net loss to net cash used in operating activities			
Depreciation	67,411	89,379	83,872
Changes in operating assets and liabilities:			
Accounts receivable	35,305	6,244	124,720
Prepaid expenses	5,953	15,213	23,967
Accounts payable	77,096	(132,865)	19,081
Accrued Expenses	(40,835)	41,627	(23,998)
Deferred Events	(1,929)	(188,256)	(142,344)
Net cash provided by (used in) operating activities	<u>(114,132)</u>	<u>(452,395)</u>	<u>(155,712)</u>
<b>Investing activities</b>			
Net cash lent to (repaid) divisions	8,915	9,462	19,521
Interest earned on restricted cash	-	(649)	(3,947)
Redemption of restricted cash	85,335	404,722	-
Purchase of fixed assets	(0)	(7,250)	(14,461)
Net cash used in investing activities	<u>94,250</u>	<u>406,285</u>	<u>1,113</u>
<b>Financing activities</b>			
Payments made on building loan payable	(4,921)	(27,736)	(28,243)
Payments made on Builder Fusion	(9,819)	-	-
Net change in line of credit	(827)	100,000	-
Loan from member	60,000	-	-
Net cash used in financing activities	<u>44,432</u>	<u>72,264</u>	<u>(28,243)</u>
Net increase/(decrease) in cash	24,550	26,154	(182,842)
Cash at beginning of year	<u>40,747</u>	<u>14,593</u>	<u>197,435</u>
<b>Cash at end of period</b>	<b><u>\$ 65,297</u></b>	<b><u>\$ 40,747</u></b>	<b><u>\$ 14,593</u></b>

Form **990**

**Return of Organization Exempt From Income Tax**

**2008**

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2008 calendar year, or tax year beginning** , 2008, and ending , 20

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

**C** Name of organization **HOME BUILDERS ASSOCIATION OF GREATER**  
 Doing Business As  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**5999 S. NEW WILKE RD.** 104  
 City or town, state or country, and ZIP + 4  
**ROLLING MEADOWS, IL 60008**

**D** Employer identification number  
**23-7260523**

**E** Telephone number  
**(224) 353-6050 EXT ----**

**G** Gross receipts \$ **1,610,756.**

**H(a)** Is this a group return for affiliates? Yes  No   
**H(b)** Are all affiliates included? Yes  No   
 If "No," attach a list (see instructions)

**I** Tax-exempt status:  501(c)( 6 ) (insert no.)  4947(a)(1) or  527

**J** Website: **N/A**

**K** Type of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **1940** **M** State of legal domicile: **IL**

**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>REPRESENT AND SERVE THE NEEDS AND INTERESTS OF ALL BUILDERS IN THE CHICAGOLAND AREA.</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	47
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	47
	5	Total number of employees (Part V, line 2a)	5	16
	6	Total number of volunteers (estimate if necessary)	6	100
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	-54,341.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8	Contribution and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	NONE	NONE
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	477,550.	269,461.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	24,748.	3,810.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	582,997.	398,914.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,085,295.	672,185.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	NONE	NONE
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	809,723.	540,760.
	16b	Total fundraising expenses, Part IX, column (D), line 25	NONE	NONE
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	551,544.	435,968.
Net Assets or Fund Balances	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,361,267.	976,728.
	19	Revenue less expenses. Subtract line 18 from line 12	-275,972.	-304,543.
	20	Total assets (Part X, line 16)	Beginning of Year	End of Year
	21	Total liabilities (Part X, line 26)	2,555,514.	2,093,145.
	22	Net assets or fund balances. Subtract line 21 from line 20.	2,187,416.	2,029,590.
			368,098.	63,555.

**Part II Signature Block**

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

**Sign Here**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

Type or print name and title \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature \_\_\_\_\_ Date **NOV 09 2009** Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4 **SHEPARD SCHWARTZ & HARRIS LLP** Preparer's identifying number (see instructions)

**123 N. WACKER DRIVE - 14TH FLOOR CHICAGO, IL 60606-1700** EIN **36-1220454**

Phone no. **312-726-8353**

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2008)

**Part III Statement of Program Service Accomplishments** (see instructions)

1 Briefly describe the organization's mission:

REPRESENT AND SERVE THE NEEDS AND INTERESTS OF ALL BUILDERS IN THE CHICAGOLAND AREA.

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

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

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

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

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

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

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

4e Total program service expenses ► \$ \_\_\_\_\_ (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)? If "Yes," complete Schedule A		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? If "Yes," complete Schedule C, Part I		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5 <b>Sections 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? If "Yes," complete Schedule C, Part III	N/A	
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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		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? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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.? If "Yes," complete Schedule F, Part 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? If "Yes," complete Schedule F, Part II		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? If "Yes," complete Schedule F, Part III		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J		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? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25		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? If "Yes," complete Schedule L, Part I	N/A	
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	N/A	
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? If "Yes," complete Schedule L, Part II		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? If "Yes," complete Schedule L, Part III		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 section 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> . . . . .		N/A
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		X

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable . . . . .	<b>1a</b>	NONE
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b>	NONE
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	N/A
<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>	16
<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)	<b>2b</b>	X
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	<b>3a</b>	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>3b</b>	N/A
<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)? . . . . .	<b>4a</b>	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? . . . . .	<b>5a</b>	X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>	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>5c</b>	N/A
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible? . . . . .	<b>6a</b>	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>6b</b>	N/A
<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? . . . . .	<b>7a</b>	X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	N/A
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>	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? . . . . .	<b>7e</b>	X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>	X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>	X
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .	<b>7h</b>	X
<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>8</b>	X
<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>9a</b>	N/A
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>	N/A
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	N/A
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>	N/A
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	N/A
<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>	N/A
<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>12a</b>	N/A
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>	N/A

**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, process, or changes in Schedule O. See instructions.

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body		
<b>b</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>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
<b>8</b> Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</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>b</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?	X	
<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>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		
<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>a</b> The organization's CEO, Executive Director, or top management official?	X	
<b>b</b> Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	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>b</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 ► NONE
- 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: ► EXECUTIVE VICE PRESIDENT 5999 S. NEW WILKE RD, SUITE 104 ROLLING MEADOWS, (224) 353-6050

**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			
SEE SCHEDULE J-2										

**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			

**1b Total** . . . . . **NONE** **NONE** **NONE**

**2** Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► **NONE**

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

(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 ► **NONE**

**Part VIII Statement of Revenue** Document Page 23 of 46 23-7260523

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . . <b>1a</b>					
	<b>b</b> Membership dues . . . . . <b>1b</b>					
	<b>c</b> Fundraising events . . . . . <b>1c</b>					
	<b>d</b> Related organizations . . . . . <b>1d</b>					
	<b>e</b> Government grants (contributions) . . . . . <b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . . <b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$					
	<b>h Total.</b> Add lines 1a-1f . . . . .		NONE			
			<b>Business Code</b>			
<b>Program Service Revenue</b>	<b>2a</b> MEMBERSHIP REVENUE . . . . .	900099	269,461.	269,461.		
	<b>b</b> . . . . .					
	<b>c</b> . . . . .					
	<b>d</b> . . . . .					
	<b>e</b> . . . . .					
	<b>f</b> All other program service revenue . . . . .					
	<b>g Total.</b> Add lines 2a-2f . . . . .		269,461.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . <b>STMT 1.</b>		3,810.		3,810.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		NONE			
	<b>5</b> Royalties . . . . .		NONE			
	<b>6a</b> Gross Rents . . . . .	(i) Real				
		(ii) Personal				
			35,135.			
			89,476.			
	<b>b</b> Less: rental expenses . . . . .					
	<b>c</b> Rental income or (loss) . . . . .		-54,341.			
	<b>d</b> Net rental income or (loss) . . . . .		-54,341.		-54,341.	
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities				
		(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses . . . . .					
<b>c</b> Gain or (loss) . . . . .						
<b>d</b> Net gain or (loss) . . . . .		NONE				
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18. . . . . <b>a</b>		1,191,708.				
	<b>b</b> Less: direct expenses . . . . . <b>b</b>		849,095.			
	<b>c</b> Net income or (loss) from fundraising events . . . . . <b>STMT 2.</b>		342,613.		342,613.	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19. . . . . <b>a</b>						
	<b>b</b> Less: direct expenses . . . . . <b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities . . . . .		NONE			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>						
	<b>b</b> Less: cost of goods sold . . . . . <b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory . . . . .		NONE			
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11a</b> ADMIN FEES . . . . .		900099	9,000.	9,000.		
	<b>b</b> MISCELLANEOUS . . . . .		900099	24,676.	24,676.	
			900099	76,966.	76,966.	
	<b>d</b> All other revenue . . . . .					
<b>e Total.</b> Add lines 11a-11d . . . . .		110,642.				
<b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .		672,185.	380,103.	-54,341.	346,423.	

**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).**

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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 . . . . .	NONE			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	NONE			
4 Benefits paid to or for members . . . . .	NONE			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	NONE			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	NONE			
7 Other salaries and wages . . . . .	479,375.			
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions). . . . .	16,826.			
9 Other employee benefits . . . . .	NONE			
10 Payroll taxes . . . . .	44,559.			
11 Fees for services (non-employees):				
a Management . . . . .	NONE			
b Legal . . . . .	2,107.			
c Accounting . . . . .	19,228.			
d Lobbying . . . . .	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees . . . . .	2,500.			
g Other . . . . .	NONE			
12 Advertising and promotion . . . . .	NONE			
13 Office expenses . . . . .	49,880.			
14 Information technology. . . . .	11,214.			
15 Royalties . . . . .	NONE			
16 Occupancy . . . . .	103,305.			
17 Travel . . . . .	9,939.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	NONE			
19 Conferences, conventions, and meetings . . . . .	19,747.			
20 Interest . . . . .	5,521.			
21 Payments to affiliates . . . . .	NONE			
22 Depreciation, depletion, and amortization . . . . .	85,489.			
23 Insurance . . . . .	47,750.			
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 <u>RAD DEBT EXPENSE</u> . . . . .	25,946.			
b <u>OUTSIDE SERVICES</u> . . . . .	9,000.			
c <u>DUES &amp; SUBSCRIPTIONS</u> . . . . .	3,400.			
d <u>MISCELLANEOUS EXPENSES</u> . . . . .	40,942.			
e . . . . .				
f All other expenses . . . . .				
25 Total functional expenses. Add lines 1 through 24f	976,728.			
26 Joint Costs. 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 . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	520,598.	<b>2</b>	142,679.
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	131,894.	<b>4</b>	114,151.
	<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 sales or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . . STMT. 3 . . . . .	20,691.	<b>9</b>	8,106.
	<b>10a</b> Land, buildings, and equipment: cost basis . . . . . <b>10a</b> 2,450,519.			
	<b>b</b> Less: accumulated depreciation. Complete Part VI of Schedule D. . . . . <b>10b</b> 622,310.			
		1,880,644.	<b>10c</b>	1,828,209.
	<b>11</b> Investments - publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<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 . . . . .	1,687.	<b>15</b>	NONE	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	2,555,514.	<b>16</b>	2,093,145.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	308,906.	<b>17</b>	196,815.
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . . STMT. 4 . . . . .	458,727.	<b>19</b>	288,221.
	<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 STMT. 5 . . . . .	1,419,783.	<b>23</b>	1,494,054.
	<b>24</b> Unsecured notes and loans payable . . . . .		<b>24</b>	50,500.
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25. . . . .	2,187,416.	<b>26</b>	2,029,590.
<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 . . . . .	368,098.	<b>27</b>	63,555.
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<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 . . . . .	368,098.	<b>33</b>	63,555.	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	2,555,514.	<b>34</b>	2,093,145.	

**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? . . . . .		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .		X
<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? . . . . .		N/A
<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? . . . . .		X
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? . . . . .		N/A

SCHEDULE D (Form 990)

Document Page 26 of 46 Supplemental Financial Statements

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization HOME BUILDERS ASSOCIATION OF GREATER CHICAGO

Employer identification number 23-7260523

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

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Table with 3 columns: Question number, Description, Held at the End of the Year. Includes questions 1-9 regarding 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.

Table with 3 columns: Question number, Description, Amount. Includes questions 1a-1b and 2a-2b regarding 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
c Beginning balance . . . . .	1c
d Additions during the year . . . . .	1d
e Distributions during the year . . . . .	1e
f Ending balance . . . . .	1f

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
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c Investment earnings or losses . . . . .					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

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

- a Board designated or quasi-endowment ► \_\_\_\_\_ %
- b Permanent endowment ► \_\_\_\_\_ %
- c Term endowment ► \_\_\_\_\_ %

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

	Yes	No
(i) unrelated organizations . . . . .	3a(i)	
(ii) related organizations . . . . .	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .	3b	

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land . . . . .		314,765.		314,765.
b Buildings . . . . .		1,668,286.	309,756.	1,376,668.
c Leasehold improvements . . . . .				
d Equipment . . . . .				
e Other . . . . .		467,468.	333,360.	136,776.
<b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				1,828,209.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
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<b>Total.</b> (Column (b) should equal Form 990, Part X, col. (B) line 12.)		

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

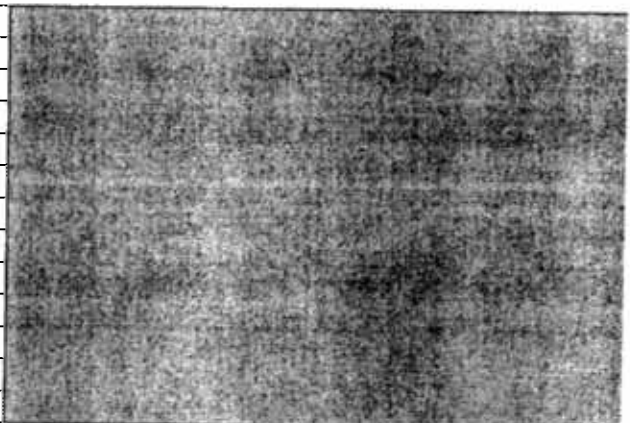
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col. (B) line 13.)		

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

(a) Description	(b) Book value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col. (B) line 15.)	

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

(a) Description of liability	(b) Amount
Federal income taxes	
<b>Total.</b> (Column (b) should equal Form 990, Part X, col. (B) line 25.)	



In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

**Part 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
2	Total expenses (Form 990, Part IX, column (A), line 25)		2
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3
4	Net unrealized gains (losses) on investments		4
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
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		10

**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
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		2e
a	Net unrealized gains on investments	2a	
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
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		4c
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
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)		5

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

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		2e
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	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		4c
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
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)		5

**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.

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Part XIV Supplemental Information (Continued) Page 30 of 46

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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

2008 Open To Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization HOME BUILDERS ASSOCIATION OF GREATER CHICAGO

Employer identification number 23-7260523

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Email solicitations c Phone solicitations d In-person solicitations e Solicitation of non-government grants f Solicitation of government grants g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

Table with 6 columns: (i) Name of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions? (Yes/No), (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing. [Dashed lines for listing]

**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))	
		GOLF OUTING (event type)	KEY AWARDS (event type)	7 (total number)		
Revenue	1	104,370.	91,595.	995,743.	1,191,708.	
	2					
	3	104,370.	91,595.	995,743.	1,191,708.	
Direct Expenses	4					
	5					
	6	40,043.	26,775.	56,581.	123,399.	
	7	24,757.	38,476.	662,463.	725,696.	
	8	Direct expense summary. Add lines 4 through 7 in column (d)				( 849,095. )
	9	Net income summary. Combine lines 3 and 8 in column (d)				342,613.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))	
Revenue	1					
Direct Expenses	2					
	3					
	4					
	5					
	6	Yes _____ % No	Yes _____ % No	Yes _____ % No		
	7	Direct expense summary. Add lines 2 through 5 in column (d)				( )
	8	Net gaming income summary. Combine lines 1 and 7 in column (d)				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? _____	9a	
b If "No," Explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers? _____	11	
12 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? _____	12	



		Yes	No
<b>13</b> 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>	%	
<b>14</b> Provide the name and address of the person who prepares the organization's gaming/special event books and records:			
Name ▶ _____			
Address ▶ _____			
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .			
<b>15a</b>			
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____			
<b>c</b> If "Yes," enter name and address:			
Name ▶ _____			
Address ▶ _____			
<b>16</b> Gaming manager information:			
Name ▶ _____			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b> Mandatory distributions:			
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .			
<b>17a</b>			
<b>b</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 ▶ \$ _____			

**SCHEDULE J-2  
(Form 990)**

**Continuation Sheet for Form 990**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

Employer Identification number

HOME BUILDERS ASSOCIATION OF GREATER CHICAGO

23-7260523

**Part I** Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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			
AL BLOOM MEMBER		X						NONE	NONE	NONE
FERN KRAUSE MEMBER		X						NONE	NONE	NONE
FLOYD MANILOW MEMBER		X						NONE	NONE	NONE
FRANK WOLFF MEMBER		X						NONE	NONE	NONE
JERRY CONRAD MEMBER		X						NONE	NONE	NONE
JUDITH NELSON MEMBER		X						NONE	NONE	NONE
RALPH KRISTENSEN MEMBER		X						NONE	NONE	NONE
SCOTT SEVON MEMBER		X						NONE	NONE	NONE
STEVE HOVANY MEMBER		X						NONE	NONE	NONE
BILL WOLK MEMBER		X						NONE	NONE	NONE
DAN KOVACEVIC MEMBER		X						NONE	NONE	NONE
ED AUGUSTIN MEMBER		X						NONE	NONE	NONE
MIKE CASON MEMBER		X						NONE	NONE	NONE
KEVIN O'BOYE MEMBER		X						NONE	NONE	NONE
MARK SULLIVAN MEMBER		X						NONE	NONE	NONE
ED HOFFMAN MEMBER		X						NONE	NONE	NONE
MIKE OBLOY MEMBER		X						NONE	NONE	NONE
PAUL LINK MEMBER		X						NONE	NONE	NONE
NORM NAGEL MEMBER		X						NONE	NONE	NONE
ROBIN DORAN MEMBER		X						NONE	NONE	NONE
ERIC BARTON MEMBER		X						NONE	NONE	NONE

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

Schedule J-2 (Form 990) 2008

**SCHEDULE J-2  
(Form 990)**

**Continuation Sheet for Form 990**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

Employer Identification number

**HOME BUILDERS ASSOCIATION OF GREATER CHICAGO**

23-7260523

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(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			
GARY BUSCHMAN MEMBER		X					NONE	NONE	NONE	
JIM SCHNEIDER MEMBER		X					NONE	NONE	NONE	
CRIS VIEAU MEMBER		X					NONE	NONE	NONE	
SANDY LANGENBERG MEMBER		X					NONE	NONE	NONE	
BOB SHANNON MEMBER		X					NONE	NONE	NONE	
CHRIS LESTER MEMBER		X					NONE	NONE	NONE	
JOHN MAKI MEMBER		X					NONE	NONE	NONE	
JOHN KERN MEMBER		X					NONE	NONE	NONE	
PAUL LEDER MEMBER		X					NONE	NONE	NONE	
DAVE GRAVEL MEMBER		X					NONE	NONE	NONE	
JAMIE BIGELOW MEMBER		X					NONE	NONE	NONE	
TONI HENRICKS MEMBER		X					NONE	NONE	NONE	
GABY JURY MEMBER		X					NONE	NONE	NONE	
VINCE DALEY MEMBER		X					NONE	NONE	NONE	
ANTHONY PASQUINELLI MEMBER		X					NONE	NONE	NONE	
TOM ARNDT MEMBER		X					NONE	NONE	NONE	
JANE LEVY MEMBER		X					NONE	NONE	NONE	
TRACY HILL MEMBER		X					NONE	NONE	NONE	
LISA PICKELL MEMBER		X					NONE	NONE	NONE	
ANDY SIMAC MEMBER		X					NONE	NONE	NONE	
JOHN SORENSON MEMBER		X					NONE	NONE	NONE	

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

JSA

Schedule J-2 (Form 990) 2008

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SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization HOME BUILDERS ASSOCIATION OF GREATER CHICAGO Employer Identification number 23-7260523

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Table with 6 main columns: (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. Includes entries for DAN UNGERLEIDER, CHRIS COLEMAN, ALAN LEV, SARAH SHEPARD, and AL DARWAN.

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

Schedule J-2 (Form 990) 2008

**SCHEDULE O  
(Form 990)**

Document Page 37 of 46  
**Supplemental Information to Form 990**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

▶ 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.

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

HOME BUILDERS ASSOCIATION OF GREATER CHICAGO

23-7260523

EXECUTIVE BOARD

HEADING OF FORM 990, ITEM F

2008 OFFICERS & EXECUTIVE BOARD

PRESIDENT - ALAN LEV

1ST VICE PRESIDENT - DAN UNGERLEIDER

2ND VICE PRESIDENT - CHRIS COLEMAN

IMMEDIATE PAST PRESIDENT - AL DAWAN

SECRETARY/TREASURER - SARAH SHEPARD

Name of the organization

Employer identification number

HOME BUILDERS ASSOCIATION OF GREATER CHICAGO

23-7260523

REVIEW PROCESS OF FORM 990

PART VI SECTION A LINE 10

THE TREASURER REVIEWS THE FORM 990 PRIOR TO FILING.

Name of the organization <b>HOME BUILDERS ASSOCIATION OF GREATER CHICAGO</b>	Employer identification number <b>23-7260523</b>
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COMPENSATION PROCESS

PART VI SECTION B LINE 15A AND 15B

THERE IS AN EXECUTIVE COMMITTEE IN PLACE THAT REVIEWS EXECUTIVE  
COMPENSATION. IN ADDITION TO THIS, A FINANCE COMMITTEE REVIEWS AND  
APPROVES ALL SALARY ADJUSTMENTS.

23-7260523

HOME BUILDERS ASSOCIATION OF GREATER CHICAGO

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST INCOME	3,810.			3,810.
TOTALS	3,810.			3,810.



23-7260523

HOME BUILDERS ASSOCIATION OF GREATER CHICAGO

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
KEY AWARDS	91,595.	65,251.	26,344.
MEMBERS GOLF OUTINGS	104,370.	64,800.	39,570.
INAUGURAL	53,065.	45,053.	8,012.
MILLION \$ AWARDS	62,253.	15,549.	46,704.
MEDLEY OF HOMES	21,098.	27,364.	-6,266.
MISCELLANEOUS EVENTS	828,906.	614,787.	214,119.
TOUR OF HOMES	30,421.	16,291.	14,130.
TOTALS	1,191,708.	849,095.	342,613.

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

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
PREPAIDS	20,691.	8,106.
TOTALS	----- 20,691. =====	----- 8,106. =====

FORM 990, PART X - DEFERRED REVENUE  
 =====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
DEFERRED DUES INCOME	92,600.	110,200.
DEFERRED PRGRAM & MTNG REVENUE	366,127.	178,021.
TOTALS	----- 458,727. =====	----- 288,221. =====

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE  
 =====

LENDER: AMCORE  
 ORIGINAL AMOUNT: 1,500,000.  
 INTEREST RATE: 6.330000  
 DATE OF NOTE: 02/01/2005  
 MATURITY DATE: 02/01/2010  
 SECURITY PROVIDED: REAL ESTATE  
 PURPOSE OF LOAN: PURCHASE LAND AND CONSTRUCT OFFICE BUILDING

BEGINNING BALANCE DUE ..... 1,419,783.  
 ENDING BALANCE DUE ..... 1,394,054.  
 -----

LENDER: CHRYSTAL LAKE BANK & TRUST COMPANY  
 ORIGINAL AMOUNT: 100,000.  
 INTEREST RATE: 4.500000  
 DATE OF NOTE: 01/11/2008  
 MATURITY DATE: 08/15/2009  
 SECURITY PROVIDED: REAL ESTATE  
 PURPOSE OF LOAN: 2ND MORTGAGE

BEGINNING BALANCE DUE ..... NONE  
 ENDING BALANCE DUE ..... 100,000.  
 -----

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE ..... 1,419,783.  
 =====  
 TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE ..... 1,494,054.  
 =====

Form **8868**

(Rev. April 2008)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-1709

▶ File a separate application for each return.

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

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

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

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

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

<b>Type or print</b>  <small>File by the due date for filing your return. See instructions.</small>	Name of Exempt Organization <b>HOME BUILDERS ASSOCIATION OF GREATER CHICAGO</b>	Employer identification number <b>23-7260523</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1841 W. Army Trail Road</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Addison, IL 60101</b>	
	<div style="text-align: center;"> </div>	

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 (a)(8) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

• The books are in the care of ▶ \_\_\_\_\_

Telephone No. ▶ \_\_\_\_\_ 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 8/15, 2009, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 2008 or
- ▶  tax year beginning \_\_\_\_\_, \_\_\_\_\_, and ending \_\_\_\_\_.

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

<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>NONE</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>NONE</b>
<b>c 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>NONE</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.

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

Form 8868 (Rev. 4-2008)

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).

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

Type or print

Name of Exempt Organization

HOME BUILDERS ASSOCIATION OF GREATER CHICAGO

Number, street, and room or suite no. If a P.O. box, see instructions.

1841 W. ARMY TRAIL ROAD

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

ADDISON, IL 60101

Employer identification number

23-7260523

For IRS use only

File by the extended due date for filing the return. See instructions.

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

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

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

- The books are in the care of EXECUTIVE VICE PRESIDENT, Telephone No. 630 627-7575, FAX No. ... If the organization does not have an office or place of business in the United States, check this box ... If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ...

- I request an additional 3-month extension of time until 11/15/2009, For calendar year 2008, or other tax year beginning and ending, If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period, State in detail why you need the extension

TAXPAYER REQUESTS ADDITIONAL TIME TO COMPILE THE DATA NECESSARY TO FILE A COMPLETED RETURN.

Table with 3 rows (8a, 8b, 8c) and 2 columns (Description, Amount). All amounts are NONE.

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, SHEPARD SCHWARTZ & HARRIS LLP, 123 N. WACKER DRIVE - 14TH FLOOR, CHICAGO, IL 60606-1700

Date: AUG 14 2009

Form 8868 (Rev. 4-2008)

RECEIVED AUG 14 2009 CHICAGO, IL (DEARBORN)