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CLIENT'S COPY

COLE, MARTIN & CO., LTD.
1532 BARCLAY BLVD
BUFFALO GROVE, IL 60089
(847) 850-5270

FEBRUARY 27, 2009

CALL TO ACTION
2135 W. ROSCOE STREET NO. 1N
CHICAGO, IL 60618-6277

CALL TO ACTION:

ENCLOSED IS THE ORGANIZATION'S 2007 EXEMPT ORGANIZATION
RETURN. THE STATE EXEMPT ORGANIZATION RETURN IS ALSO
ENCLOSED. THESE SHOULD BE SIGNED, DATED, AND MAILED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

PLEASE SIGN AND MAIL ON OR BEFORE MAY 15, 2009.

MAIL TO - DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027

ILLINOIS FORM AG990-IL RETURN:

MAIL TO - OFFICE OF THE ATTORNEY GENERAL
CHARITABLE TRUST BUREAU
100 WEST RANDOLPH ST., 11TH FLOOR
CHICAGO, IL 60601-3175

PLEASE SIGN AND MAIL FORM AG990-IL ON OR BEFORE MARCH 31,
2009.

ENCLOSE A CHECK FOR \$15.

MAKE CHECK PAYABLE TO ILLINOIS CHARITY BUREAU FUND.

COPIES OF ALL THE RETURNS ARE ENCLOSED FOR YOUR FILES. WE
SUGGEST THAT YOU RETAIN THESE COPIES INDEFINITELY.

VERY TRULY YOURS,

COLE, MARTIN & CO., LTD.

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
SEPTEMBER 30, 2008

Prepared for	CALL TO ACTION 2135 W. ROSCOE STREET NO. 1N CHICAGO, IL 60618-6277
Prepared by	COLE MARTIN AND CO LTD 1532 BARCLAY BLVD. BUFFALO GROVE 60089
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
Return must be mailed on or before	MAY 15, 2009
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED.

Return of Organization Exempt From Income Tax

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

Department of the Treasury
Internal Revenue Service

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

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization CALL TO ACTION		D Employer identification number 36-3003308
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2135 W. ROSCOE STREET 1N		E Telephone number 773 404-0004
		City or town, state or country, and ZIP + 4 CHICAGO, IL 60618-6277		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

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

Hand I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ▶ **N/A**

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Website: ▶ **WWW.CTA.USA.ORG**

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

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

I Group Exemption Number ▶ **N/A**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **1,096,670.**

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

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

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Contributions to donor advised funds	1a			
	b Direct public support (not included on line 1a)	1b	800,408.		
	c Indirect public support (not included on line 1a)	1c			
	d Government contributions (grants) (not included on line 1a)	1d			
	e Total (add lines 1a through 1d) (cash \$ 800,408. noncash \$)	1e			800,408.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			292,772.
	3 Membership dues and assessments	3			2,080.
	4 Interest on savings and temporary cash investments	4			1,410.
	5 Dividends and interest from securities	5			
	6 a Gross rents	6a			
	b Less: rental expenses	6b			
c Net rental income or (loss). Subtract line 6b from line 6a	6c				
7 Other investment income (describe)	7				
8 a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	8a				
	b Less: cost or other basis and sales expenses	8b			
	c Gain or (loss) (attach schedule)	8c			
d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d				
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
a Gross revenue (not including \$ of contributions reported on line 1b)	9a				
b Less: direct expenses other than fundraising expenses	9b				
c Net income or (loss) from special events. Subtract line 9b from line 9a	9c				
10 a Gross sales of inventory, less returns and allowances	10a				
	b Less: cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
11 Other revenue (from Part VII, line 103)	11				
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			1,096,670.	
Expenses	13 Program services (from line 44, column (B))	13		828,706.	
	14 Management and general (from line 44, column (C))	14		226,947.	
	15 Fundraising (from line 44, column (D))	15		389,003.	
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses. Add lines 16 and 44, column (A)	17			1,444,656.
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18		<347,986.>	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		216,759.	
	20 Other changes in net assets or fund balances (attach explanation)	20		0.	
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21			<131,227.>

Part II Statement of Functional Expenses

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

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>			STATEMENT 2	
22b Other grants and allocations (attach schedule) (cash \$ <u>2,978</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	2,978.	2,978.		
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	65,997.	40,651.	13,059.	12,287.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	400,877.	246,508.	82,054.	72,315.
27 Pension plan contributions not included on lines 25a, b, and c	10,556.	6,502.	2,089.	1,965.
28 Employee benefits not included on lines 25a - 27	74,093.	45,638.	14,661.	13,794.
29 Payroll taxes	34,431.	21,208.	6,813.	6,410.
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees	5,825.		5,825.	
33 Supplies	11,947.	9,978.	983.	986.
34 Telephone	16,284.	13,092.	1,603.	1,589.
35 Postage and shipping	182,185.	48,652.	7,252.	126,281.
36 Occupancy	55,605.	50,506.	2,627.	2,472.
37 Equipment rental and maintenance	45,837.	45,790.	29.	18.
38 Printing and publications	99,192.	38,831.	16,405.	43,956.
39 Travel	1,111.	1,084.	14.	13.
40 Conferences, conventions, and meetings	114,002.	96,083.	3,656.	14,263.
41 Interest	19,465.		19,465.	
42 Depreciation, depletion, etc. (attach schedule)	15,325.	9,440.	3,033.	2,852.
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 1	288,946.	151,765.	47,379.	89,802.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	1,444,656.	828,706.	226,947.	389,003.

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

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

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

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

What is the organization's primary exempt purpose? RELIGIOUS EDUCATION	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a EDUCATION, GENERAL/OTHER: NATIONAL CONFERENCE: ANNUAL CONFERENCE WITH SPEAKERS, WORKSHOPS AND LITURGY DESIGNED TO BRING THE THINKING OF CONTEMPORARY THEOLOGY TO GRASS ROOTS CATHOLICS. SALES OF AUDIO AND VIDEO RECORDINGS FEATURING SPEECHES AND WORKSHOP DISCUSSIONS FROM THE NATIONAL CONFERENCE. (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	450,190.
b EDUCATION, GENERAL/OTHER: REGIONAL ORGANIZING: ASSISTING THE DEVELOPMENT OF LOCAL CHAPTERS, LEADERSHIP, AND PROGRAMMING AROUND ISSUES OF CATHOLIC INSTITUTIONAL REFORM. PRESENTLY CALL TO ACTION HAS 53 LOCAL CHAPTERS IN THE UNITED STATES (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	39,477.
c EDUCATION, GENERAL/OTHER: PUBLICATIONS: THREE QUARTERLY PUBLICATIONS THAT 1) REPORT THE ACTIVITIES OF THE ORGANIZATION AND EXAMINE ISSUES RELATED TO CATHOLIC TEACHING 2) REPORT ON ISSUES RELATED TO CHURCH REFORM, AND 3) REPRINT AN EDIFYING ARTICLE OR SPEECH. (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	103,101.
d EDUCATION, GENERAL/OTHER: CHURCH REFORM: ORGANIZING FOR CATHOLIC INSTITUTIONAL REFORM BY SHARING INFORMATION ON PRIESTHOOD AND LAY WOMENS ROLES IN THE CHURCH AND BY NETWORKING WITH OTHER ORGANIZATIONS. (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	108,542.
e Other program services (attach schedule) SEE STATEMENT 3 (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	127,396.
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	828,706.

Part IV Balance Sheets (See the instructions.)

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

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	147,540.	45 135,795.
	46 Savings and temporary cash investments		46
	47 a Accounts receivable	47a	
	b Less: allowance for doubtful accounts	47b	47c
	48 a Pledges receivable	48a 22,550.	
	b Less: allowance for doubtful accounts	48b	48c 22,550.
	49 Grants receivable		49
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b
	51 a Other notes and loans receivable	51a	
	b Less: allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	127,129.	53 116,066.
	54 a Investments - publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a
	b Investments - other securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b
	55 a Investments - land, buildings, and equipment: basis	55a	
b Less: accumulated depreciation	55b	55c	
56 Investments - other	SEE STATEMENT 4 908.	56 463.	
57 a Land, buildings, and equipment: basis	57a 432,045.		
b Less: accumulated depreciation	57b 114,017.	57c 318,028.	
58 Other assets, including program-related investments (describe OTHER RECEIVABLES)	14,293.	58 15,000.	
59 Total assets (must equal line 74). Add lines 45 through 58	706,257.	59 607,902.	
Liabilities	60 Accounts payable and accrued expenses	55,169.	60 59,283.
	61 Grants payable		61
	62 Deferred revenue	215,140.	62 287,219.
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable	219,189.	64b 392,627.
	65 Other liabilities (describe SEE STATEMENT 6)	0.	65 0.
66 Total liabilities. Add lines 60 through 65	489,498.	66 739,129.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	129,749.	67 <168,777.>
	68 Temporarily restricted	87,010.	68 37,550.
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	216,759.	73 <131,227.>	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	706,257.	74 607,902.	

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
	N/A		
85 a	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
	N/A		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members		
	85c N/A		
d	Section 162(e) lobbying and political expenditures		
	85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f N/A		
85 g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	N/A		
85 h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	N/A		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
	86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
	87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b N/A		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
	▶ 0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
	▶ 0.		
89 e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89 f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89 g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90 a	List the states with which a copy of this return is filed ▶ IL		
b	Number of employees employed in the pay period that includes March 12, 2007	90b	11
91 a	The books are in care of ▶ CALL TO ACTION Telephone no. ▶ 773-404-0004		
	Located at ▶ 2135 W. ROSCOE ST. 1N, CHICAGO, IL ZIP + 4 ▶ 60618		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	If "Yes," enter the name of the foreign country ▶ N/A		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a SEE STATEMENT 8					292,772.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					2,080.
95 Interest on savings and temporary cash investments			14	1,410.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		1,410.	294,852.
105 Total (add line 104, columns (B), (D), and (E))					296,262.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93	NATIONAL CONFERENCE WHICH AN ADMISSION FEE IS CHARGED. SALE OF AUDIO AND VIDEO RECORDINGS FEATURING SPEECHES AND WORKSHOP DISCUSSIONS FROM THE NATIONAL CONFERENCE.

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

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

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

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

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

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

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

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

Yes	No

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

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

Yes	No

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

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

Yes	No

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

Please Sign Here	Signature of officer _____ Date _____		
	Type or print name and title _____		
Paid Preparer's Use Only	Preparer's signature _____ Date _____	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X) _____
	Firm's name (or yours if self-employed), address, and ZIP + 4 COLE MARTIN AND CO LTD 1532 BARCLAY BLVD. BUFFALO GROVE 60089	EIN _____	Phone no. (847) 850-5270

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2007

Name of the organization

CALL TO ACTION

Employer identification number

36 3003308

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
ROBERT HEINEMAN 8151 N. KOLMAR, SKOKIE, IL 60076	DEVELOPMENT DIRECTOR 40.00	64,959.	1,949.	
WILLIAM THOMPSON 18 RUGLES ST., MELROSE, MA 02176	PUBLICATIONS DIRECTOR 40.00	64,959.	1,949.	
Total number of other employees paid over \$50,000	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	0	

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

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

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

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

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) **more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) **no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

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

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

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

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	911,230.	879,200.	764,944.	780,880.	3,336,254.
16 Membership fees received	2,538.	3,517.	4,971.	4,115.	15,141.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	463,619.	443,962.	517,842.	442,971.	1,868,394.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	905.	750.	849.	725.	3,229.
19 Net income from unrelated business activities not included in line 18		0.	0.	0.	
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf		0.	0.	0.	
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge		0.	0.	0.	
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	1,378,292.	1,327,429.	1,288,606.	1,228,691.	5,223,018.
24 Line 23 minus line 17	914,673.	883,467.	770,764.	785,720.	3,354,624.
25 Enter 1% of line 23	13,783.	13,274.	12,886.	12,287.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2006) 0. (2005) 0. (2004) 0. (2003) 0.					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) 0. (2005) 0. (2004) 0. (2003) 0.					
c Add: Amounts from column (e) for lines: 15 3,336,254. 16 15,141. 17 1,868,394. 20 _____ 21 _____					27c 5,219,789.
d Add: Line 27a total 0. and line 27b total 0.					27d 0.
e Public support (line 27c total minus line 27d total)					27e 5,219,789.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f 5,223,018.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 99.9382%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h .0618%

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

NONE

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

N/A

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

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

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

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

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

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)

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

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

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

4-Year Averaging Period Under Section 501(h)

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

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

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

N/A

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

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2007

Name of organization

Employer identification number

CALL TO ACTION

36-3003308

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

General Rule-

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

Special Rules-

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

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

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

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

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

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

Name of organization CALL TO ACTION	Employer identification number 36-3003308
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	SHIRLEY ADLER 2900 NORTH A1A, #7C FORT PIERCE, FL 34949	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	ADRIAN DOMINICAN GENERALATE 1257 EAST SIENA HEIGHTS ADRIAN, MI 49221	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	JOAN M. BRANSFIELD AND DR. ELAIE SCHUSTER 5930 SAUGANASH LANE CHICAGO, IL 60646	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	MARY CATHERINE BUNTING 6506 DARNALL ROAD BALTIMORE, MD 21204	\$ 10,159.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	CLARETIAN MISSIONARIES-ST. JUDE LEAGUE 205 WEST MONROE STREET CHICAGO, IL 60606	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	KOPP FAMILY FOUNDATION 7701 FRANCE AVE., SOUTH EDINA, MN 55435	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization CALL TO ACTION	Employer identification number 36-3003308
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	<u>PATRICIA MCSWEENEY</u> <u>43 SUMMER STREET</u> <u>TAUTON, MA 02780</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	<u>PATRICIA MILES</u> <u>5505 NORTH CASA BLANCA DRIVE</u> <u>PARADISE VALLEY, AZ 85253</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	<u>WILLIAM O'SHEA</u> <u>1350 N. ASTOR</u> <u>CHICAGO, IL 60610</u>	\$ <u>8,489.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	<u>CHUCK AND CATHY RIPP</u> <u>152 NORTH EUCLID</u> <u>OAK PARK, IL 60302</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	<u>MARGARET ROBERTS</u> <u>6550 EAST 45TH STREET NORTH</u> <u>BEL AIRE, KS 67226</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	<u>S.C. MINISTRY FOUNDATION</u> <u>345 NEEB ROAD</u> <u>CINCINNATI, OH 45233</u>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization CALL TO ACTION	Employer identification number 36-3003308
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	MARIETTE SAWCHUK 1349 WARNER AVE. LOS ANGELES, CA 90024	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	PAUL SCARBROUGH 11 NORTH MAIN STREET, #3-L NORWALK, CT 06854	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	SISTERS OF CHARITY 5900 DELHI ROAD MOUNT ST. JOSEPH, OH 45051	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	THE PATRICIA FOUNDATION 7340 NORTH RIDGE CHICAGO, IL 60645	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

2007 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
7	EQUIPMENT 9-30-01	010101	200DB	5.00	17	17,830.			17,830.	17,830.		0.
8	EQUIPMENT 9-30-02	010102	SL	5.00	16	5,016.			5,016.	5,016.		0.
9	EQUIPMENT 9-30-03	010103	SL	3.00	16	1,331.			1,331.	1,331.		0.
10	EQUIPMENT 9-30-03	010103	SL	5.00	16	5,246.			5,246.	4,721.		262.
11	SOFTWARE 9-30-04	010104	SL	3.00	16	1,490.			1,490.	1,366.		0.
12	SOFTWARE 9-30-05	010105	SL	3.00	16	495.			495.	413.		41.
13	EQUIPMENT 9-30-05	010105	SL	5.00	16	2,421.			2,421.	1,210.		484.
14	SOFTWARE 9-30-06	010106	SL	3.00	16	5,798.			5,798.	2,899.		1,933.
15	EQUIPMENT 9-30-06	010106	SL	5.00	16	7,343.			7,343.	2,203.		1,469.
19	NEW FURNACE	102406	SL	5.00	16	2,650.			2,650.	486.		530.
20	REFURBISH OFFICE	111306	SL	5.00	16	750.			750.	138.		150.
21	MAC MINI COMPUTER	111606	SL	5.00	16	493.			493.	82.		99.
22	WINDOWS PC LAPTOP	011107	SL	5.00	16	600.			600.	90.		120.
23	PORTABLE HARD DRIVE	011107	SL	5.00	16	196.			196.	29.		39.
24	MAC MINI COMPUTER	030707	SL	5.00	16	649.			649.	76.		130.
25	BROTHER WORKGROUP LASER PRINTER	070307	SL	5.00	16	480.			480.	24.		96.
26	FUND Z V9 ACCOUNTING SOFTWARE	111407	SL	5.00	16	590.			590.			108.
27	PAPER FOLDING MACHINE	111407	SL	5.00	16	795.			795.			146.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
28	DELL LATITUDE LAPTOP	121107	SL	5.00	16	845.			845.			141.
29	UNISTORAGE SNAP NETWORK DRIVE	030708	SL	5.00	16	875.			875.			102.
30	SNAP SERVER SOFTWARE	030708	SL	5.00	16	225.			225.			26.
31	ADOBE CS3 DESIGN PREMIUM SOFTWARE	041008	SL	5.00	16	645.			645.			65.
* 990 PAGE 2 TOTAL -						56,763.		0.	56,763.	37,914.	0.	5,941.
16	BUILDING 9-30-01	010101	SL	40.00	16	373,598.			373,598.	60,562.		9,340.
17	BUILDING 9-30-02	010102	SL	40.00	16	940.			940.	142.		24.
18	BUILDING 9-30-04	010104	SL	40.00	16	744.			744.	75.		19.
* 990 PAGE 2 TOTAL -						375,282.		0.	375,282.	60,779.	0.	9,383.
* GRAND TOTAL 990 PAGE 2 DEPR						432,045.		0.	432,045.	98,693.	0.	15,324.

FORM 990	OTHER EXPENSES			STATEMENT 1
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
BANK FEES - PROGRAM SERVICES	5,717.	5,717.		
INSURANCE - PROGRAM SERVICES	4,936.	4,936.		
MISCELLANEOUS - PROGRAM SERVICES	2,141.	2,141.		
PROFESSIONAL FEES - PROGRAM SERVICE	43,832.	43,832.		
UTILITIES -PROGRAM SERVICES	2,587.	2,587.		
PROMOTION/MAILING LIST-PROGRAM SERV	41,885.	41,885.		
DUES & SUBSCRIPTIONS - PROGRAM SERV	1,293.	1,293.		
OUTSIDE SERVICES - PROGRAM SERVICES	49,374.	49,374.		
BANK FEES - MGNT & GENERAL	25,212.		25,212.	
INSURANCE - MGNT & GENERAL	4,236.		4,236.	
MISCELLANEOUS - MGNT & GENERAL	<21.>		<21.>	
PROFESSIONAL FEES - MGNT & GENERAL	7,845.		7,845.	
UTILITIES - MGNT & GENERAL	831.		831.	
PROMOTION/MAILING LIST - MGNT & GEN	9,209.		9,209.	
DUES & SUBSCRIPTIONS - MGNT & GENER	46.		46.	
OUTSIDE SERVICES - MGNT & GENERAL	21.		21.	
BANK FEES - FUNDRAISING	1,728.			1,728.
INSURANCE - FUNDRAISING	1,492.			1,492.
MISCELLANEOUS - FUNDRAISING	60.			60.
PROFESSIONAL FEES - FUNDRAISING	38,062.			38,062.
UTILITIES - FUNDRAISING	782.			782.
PROMOTION/MAILING LIST - FUNDRAISIN	22,619.			22,619.
DUES & SUBSCRIPTIONS - FUNDRAISING	44.			44.

OUTSIDE SERVICES - FUNDRAISING	25,015.			25,015.
TOTAL TO FM 990, LN 43	288,946.	151,765.	47,379.	89,802.

FORM 990 CASH GRANTS AND ALLOCATIONS TO OTHERS STATEMENT 2

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
FINANCIAL AID FOR NATIONAL CONFERENCE SHIRLEY ADLER SCHOLARSHIP AWARDEES 2135 W. ROSCOE ST. 1N CHICAGO, IL 60618-6277	2,978.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	2,978.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 3

DESCRIPTION OF OTHER PROGRAM SERVICES	GRANTS AND ALLOCATIONS	EXPENSES
EDUCATION, GENERAL/OTHER:OUTREACH/SPECIAL PROJECTS: NEXTGEN, SOCIAL JUSTICE, AND DIVERSITY OUTREACH/ANTI-RACISM ACTIVITY EXPENSES.	0.	76,593.
EDUCATION, GENERAL/OTHER:PUBLIC EDUCATION: PRODUCTION AND DISTRIBUTION OF TAPES, CDS, DVDS, AND PRINTED MATERIALS TO EDUCATE THE PUBLIC ON TOPICS RELATED TO ORGANIZATIONAL MISSION AND PURPOSE.	0.	50,803.
TOTAL TO FORM 990, PART III, LINE E		127,396.

FORM 990 OTHER INVESTMENTS STATEMENT 4

DESCRIPTION	VALUATION METHOD	AMOUNT
SMITH BARNEY ACCT	MARKET VALUE	463.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		463.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 5

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
EQUIPMENT 9-30-01	17,830.	17,830.	0.
EQUIPMENT 9-30-02	5,016.	5,016.	0.
EQUIPMENT 9-30-03	1,331.	1,331.	0.
EQUIPMENT 9-30-03	5,246.	4,983.	263.
SOFTWARE 9-30-04	1,490.	1,366.	124.
SOFTWARE 9-30-05	495.	454.	41.
EQUIPMENT 9-30-05	2,421.	1,694.	727.
SOFTWARE 9-30-06	5,798.	4,832.	966.
EQUIPMENT 9-30-06	7,343.	3,672.	3,671.
BUILDING 9-30-01	373,598.	69,902.	303,696.
BUILDING 9-30-02	940.	166.	774.
BUILDING 9-30-04	744.	94.	650.
NEW FURNACE	2,650.	1,016.	1,634.
REFURBISH OFFICE	750.	288.	462.
MAC MINI COMPUTER	493.	181.	312.
WINDOWS PC LAPTOP	600.	210.	390.
PORTABLE HARD DRIVE	196.	68.	128.
MAC MINI COMPUTER	649.	206.	443.
BROTHER WORKGROUP LASER PRINTER	480.	120.	360.
FUND Z V9 ACCOUNTING SOFTWARE	590.	108.	482.
PAPER FOLDING MACHINE	795.	146.	649.
DELL LATITUDE LAPTOP	845.	141.	704.
UNISTORAGE SNAP NETWORK DRIVE	875.	102.	773.
SNAP SERVER SOFTWARE	225.	26.	199.
ADOBE CS3 DESIGN PREMIUM SOFTWARE	645.	65.	580.
TOTAL TO FORM 990, PART IV, LN 57	<u>432,045.</u>	<u>114,017.</u>	<u>318,028.</u>

FORM 990 OTHER LIABILITIES STATEMENT 6

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
OTHER LIABILITIES	418,831.	
INTER-FUND TRANSFER	<418,831.>	
TOTAL TO FORM 990, PART IV, LINE 65	<u>0.</u>	

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 7
 TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DAN DALEY 465 HARMONY DR. WHEELING, IL 60090	CO-DIRECTOR 40.00	42,637.	1,279.	0.
SHEILA DALEY 465 HARMONY DR. WHEELING, IL 60090	CO-DIRECTOR 33.00	23,359.	701.	0.
CAROL GABRIELLI 4935 NE 8TH STREET PORTLAND, OR 97211	DIRECTOR 3.00	0.	0.	0.
DEBRA NELL BRITTENUM 1168 E. PARKWAY SOUTH MEMPHIS, TN 38114	DIRECTOR 3.00	0.	0.	0.
HELEN MARIE BURNS, RSM 149 APPLE DRIVE CRESSON, PA 16630	DIRECTOR 3.00	0.	0.	0.
KEN BUTIGAN 4340 N. MARMORA AVE. CHICAGO, IL 60634	DIRECTOR 3.00	0.	0.	0.
TAMAR BYCZEK-YAGER 2852 CHURCH WALK FALLS CHURCH, VA 22042	TREASURER 3.00	0.	0.	0.
JIM FITZGERALD 60 WHITESBORO STREET, #2 YORKVILLE, NY 13495	SECRETARY 3.00	0.	0.	0.
PATTY HAWK 1520 EAST 13TH STREET CRETE, NE 68333	CO-PRESIDENT 4.00	0.	0.	0.
TOM HONORE 10822 MOLONY RD. CULVER CITY, CA 90230	VICE PRESIDENT 3.00	0.	0.	0.
DAVID SASVEDRA 2509 ROBIN AVENUE MCALLEN, TX 78504	DIRECTOR 3.00	0.	0.	0.

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

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

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

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

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

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

Type or print	Name of Exempt Organization CALL TO ACTION	Employer identification number 36-3003308
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 2135 W. ROSCOE STREET, NO. 1N	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICAGO, IL 60618-6277	

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

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

- The books are in the care of ▶ **CALL TO ACTION**
 Telephone No. ▶ **773-404-0004** FAX No. ▶ **773-404-1610**
- 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 **MAY 15, 2009**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **OCT 1, 2007**, and ending **SEP 30, 2008**.

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

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

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

TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM AG990-IL

FOR THE YEAR ENDING

SEPTEMBER 30, 2008

Prepared for	CALL TO ACTION 2135 W. ROSCOE STREET NO. 1N CHICAGO, IL 60618-6277
Prepared by	COLE MARTIN AND CO LTD 1532 BARCLAY BLVD. BUFFALO GROVE 60089
Amount due or refund	BALANCE DUE OF \$15
Make check payable to	ILLINOIS CHARITY BUREAU FUND
Mail tax return and check (if applicable) to	OFFICE OF THE ATTORNEY GENERAL CHARITABLE TRUST BUREAU 100 WEST RANDOLPH ST., 11TH FLOOR CHICAGO, IL 60601-3175
Return must be mailed on or before	MARCH 31, 2009
Special Instructions	FORM AG990-IL SHOULD BE SIGNED AND DATED BY THE REQUIRED INDIVIDUAL(S). INCLUDE THE ORGANIZATION'S ILLINOIS CHARITABLE ORGANIZATION NUMBER AND "2007 FORM AG990-IL" ON THE REMITTANCE.

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

PMT #	_____
AMT	_____
INIT	_____

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

CO # 01010454

Report for the Fiscal Period:

Beginning 10/01/2007

& Ending 09/30/2008
MO DAY YR

Make Checks Payable to the Illinois Charity Bureau Fund

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

Federal ID # 36-3003308

Are contributions to the organization tax deductible? Yes No

Date Organization was created:

<p>LEGAL NAME CALL TO ACTION</p> <p>MAIL ADDRESS 2135 W. ROSCOE STREET, NO. 1N</p> <p>CITY, STATE CHICAGO, IL</p> <p>ZIP CODE 60618-6277</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Year-end amounts</th> <th></th> </tr> <tr> <td>A) ASSETS</td> <td>A) \$ 607,902.</td> </tr> <tr> <td>B) LIABILITIES</td> <td>B) \$ 739,129.</td> </tr> <tr> <td>C) NET ASSETS</td> <td>C) \$ <131,227.</td> </tr> </table>	Year-end amounts		A) ASSETS	A) \$ 607,902.	B) LIABILITIES	B) \$ 739,129.	C) NET ASSETS	C) \$ <131,227.								
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<p>I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:</p> <p>D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)</p> <p>E) GOVERNMENT GRANTS & MEMBERSHIP DUES</p> <p>F) OTHER REVENUES</p> <p>G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">PERCENTAGE</th> <th style="text-align: left;">AMOUNT</th> </tr> <tr> <td>99.682%</td> <td>D) \$ 1,093,180.</td> </tr> <tr> <td>0.190%</td> <td>E) \$ 2,080.</td> </tr> <tr> <td>0.129%</td> <td>F) \$ 1,410.</td> </tr> <tr> <td>100%</td> <td>G) \$ 1,096,670.</td> </tr> </table>	PERCENTAGE	AMOUNT	99.682%	D) \$ 1,093,180.	0.190%	E) \$ 2,080.	0.129%	F) \$ 1,410.	100%	G) \$ 1,096,670.						
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<p>II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:</p> <p>H) OPERATING CHARITABLE PROGRAM EXPENSE</p> <p>I) EDUCATION PROGRAM SERVICE EXPENSE</p> <p>J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)</p> <p>J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J): \$</p> <p>K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS</p> <p>L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)</p> <p>M) MANAGEMENT AND GENERAL EXPENSE</p> <p>N) FUNDRAISING EXPENSE</p> <p>O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>57.157%</td> <td>H) \$ 825,728.</td> </tr> <tr> <td>%</td> <td>I) \$</td> </tr> <tr> <td>57.157%</td> <td>J) \$ 825,728.</td> </tr> <tr> <td>0.206%</td> <td>K) \$ 2,978.</td> </tr> <tr> <td>57.364%</td> <td>L) \$ 828,706.</td> </tr> <tr> <td>15.709%</td> <td>M) \$ 226,947.</td> </tr> <tr> <td>26.927%</td> <td>N) \$ 389,003.</td> </tr> <tr> <td>100%</td> <td>O) \$ 1,444,656.</td> </tr> </table>	57.157%	H) \$ 825,728.	%	I) \$	57.157%	J) \$ 825,728.	0.206%	K) \$ 2,978.	57.364%	L) \$ 828,706.	15.709%	M) \$ 226,947.	26.927%	N) \$ 389,003.	100%	O) \$ 1,444,656.
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<p>III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)</p> <p>PROFESSIONAL FUNDRAISERS:</p> <p>P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS</p> <p>Q) TOTAL FUNDRAISERS FEES AND EXPENSES</p> <p>R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)</p> <p>PROFESSIONAL FUNDRAISING CONSULTANTS:</p> <p>S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>100%</td> <td>P) \$</td> </tr> <tr> <td>%</td> <td>Q) \$</td> </tr> <tr> <td>%</td> <td>R) \$</td> </tr> <tr> <td></td> <td>S) \$</td> </tr> </table>	100%	P) \$	%	Q) \$	%	R) \$		S) \$								
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<p>IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:</p> <p>T) NAME, TITLE: ROBERT HEINEMAN, DEVELOPMENT DIRECTOR</p> <p>U) NAME, TITLE: WILLIAM THOMPSON, PUBLICATIONS DIRECTOR</p> <p>V) NAME, TITLE: DANIEL DALEY, CO-DIRECTOR</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>T) \$</td> <td>64,959.</td> </tr> <tr> <td>U) \$</td> <td>64,959.</td> </tr> <tr> <td>V) \$</td> <td>42,637.</td> </tr> </table>	T) \$	64,959.	U) \$	64,959.	V) \$	42,637.										
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<p>V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES</p> <p>W) DESCRIPTION: ANNUAL NATIONAL CONFERENCE</p> <p>X) DESCRIPTION: CHURCH REFORM</p> <p>Y) DESCRIPTION: PUBLICATIONS TO REPORT ACTIVITIES OF THE ORGANIZ</p>	<p>List on back side of instructions</p> <p>CODE</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>W) #</td> <td>011</td> </tr> <tr> <td>X) #</td> <td>011</td> </tr> <tr> <td>Y) #</td> <td>010</td> </tr> </table>	W) #	011	X) #	011	Y) #	010										
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Y) #	010																

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	4.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	5.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7b. IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____			
8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	9.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:			
<u>BANK OF AMERICA, 231 S. LA SALLE STREET, CHICAGO, IL 60604</u>			
<u>OLD SECOND NATIONAL BANK, 37 SOUTH RIVER STREET, AURORA, IL 60506</u>			
12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <u>CALL TO ACTION 773-404-0004</u>			

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

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

BE SURE TO INCLUDE ALL FEES DUE:

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

PRESIDENT or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
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TREASURER or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
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PREPARER (PRINT NAME)	SIGNATURE	DATE
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