

Short Form Return of Organization Exempt From Income Tax

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

A For the **2009** calendar year, or tax year beginning **07/01, 2009**, and ending **06/30/2010**

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 LIFT FOUNDATION Number and street (or P O box, if mail is not delivered to street address) Room/suite 711 WEST MONROE City or town, state or country, and ZIP + 4 CHICAGO, IL 60661-3515	D Employer identification number 20-1746216 E Telephone number (312) 255-0437 F Group Exemption Number . . . ▶
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method. Cash Accrual
Other (specify) ▶

I Website: ▶ WWW.LIFTUSA.ORG

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

J Tax-exempt status (check only one) - 501(c) (3) (insert no.) 4947(a)(1) or 527

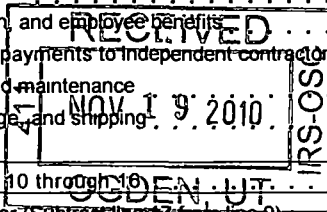
K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **181,293.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

SCANNED DEC 14 2010 Revenue

1	Contributions, gifts, grants, and similar amounts received		148,100.
2	Program service revenue including government fees and contracts		
3	Membership dues and assessments		
4	Investment income ATCH 2		753.
5 a	Gross amount from sale of assets other than inventory	5a	
5 b	Less: cost or other basis and sales expenses	5b	
5 c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
6 a	Gross revenue (not including \$ 61,674. of contributions reported on line 1) ATCH 3	6a	31,428.
6 b	Less direct expenses other than fundraising expenses	6b	17,147.
6 c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) ATCH 4		14,281.
7 a	Gross sales of inventory, less returns and allowances	7a	
7 b	Less: cost of goods sold	7b	
7 c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
8	Other revenue (describe ▶ ATCH 5)	8	1,012.
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	164,146.
10	Grants and similar amounts paid (attach schedule)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	10,760.
13	Professional fees and other payments to independent contractors	13	15,381.
14	Occupancy, rent, utilities, and maintenance	14	72.
15	Printing, publications, postage, and shipping	15	323.
16	Other expenses (describe ▶ ATCH 6)	16	70,192.
17	Total expenses. Add lines 10 through 16	17	96,728.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	67,418.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	158,317.
20	Other changes in net assets or fund balances (attach explanation) ATCH 7	20	10,350.
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	236,085.



Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

		(See the instructions for Part II)	
		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments ATCH 8	158,317.	22 231,871.
23	Land and buildings		23 8,050.
24	Other assets (describe ▶ ATCH 9)	0.	24 507.
25	Total assets	158,317.	25 240,428.
26	Total liabilities (describe ▶ ATCH 10)	0.	26 4,343.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	158,317.	27 236,085.

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
35a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.		
37b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations Enter.		
39a	Initiation fees and capital contributions included on line 9		
39b	Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
40b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
40c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
40d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶		
40e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. ▶		
42a	The organization's books are in care of ▶ DEBORAH WILSON Telephone no. ▶ 312-255-0437 Located at ▶ 711 WEST MONROE CHICAGO, IL ZIP + 4 ▶ 60661-3515		
42b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
42c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country: ▶		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here. ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 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 Yes No
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Yes No
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Yes No
- 49a Did the organization make any transfers to an exempt non-charitable related organization? Yes No
- b If "Yes," was the related organization a section 527 organization? Yes No
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(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
NONE				

f Total number of other employees paid over \$100,000 NONE

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors receiving over \$100,000 NONE

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: Michael E. Hobbs Date: 15 Nov 2010
 Type or print name and title: Michael E. Hobbs Treasurer

Paid Preparer's Use Only
 Preparer's signature: Kenneth R. Tomlin Date: NOV 15 2010 Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP + 4: OSTROW REISIN BERK & ABRAMS, LTD. EIN: 36-2938874
455 N CITYFRONT PLAZA DR, STE 1500 CHICAGO, IL 60611-5313 Phone no: 312-670-7444

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 78.71%; 15 Public support percentage from 2008 Schedule A, Part II, line 14 81.64%; 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]; 16b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization []; 17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization []; 17b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization []; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions [].

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

- 19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here The organization qualifies as a publicly supported organization ▶
- b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here The organization qualifies as a publicly supported organization ▶
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
MISCELLANEOUS					1,012	1,012
TOTALS					<u>1,012</u>	<u>1,012</u>

ATTACHMENT 6FORM 990EZ, PART I - OTHER EXPENSES

SUPPLIES	2,135.
TRAVEL	6,193.
DEPRECIATION	2,300.
BANK FEES	131.
HOSPITALITY EVENTS	205.
INSURANCE	3,741.
MARKETING AND PROMOTION	138.
MEDICAL SUPPLIES	590.
MISCELLANEOUS	839.
PENALTIES AND FEES	300.
REGISTRATION FEES	260.
STUDENT ROOM AND BOARD	32,697.
SCHOOL EXPENSES (TUITION, UNIFORMS, ETC.)	13,813.
COMPUTER EXPENSES	1,815.
STUDENT ACTIVITIES	3,057.
VOLUNTEER SERVICES	646.
EQUIPMENT RENTAL	100.
DONOR RELATIONS	1,232.
TOTAL	<u>70,192.</u>

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	
		SUMMER EVENT 1 (event type)	WINE AUCTION (event type)	1 (total number)	(add col (a) through col (c))	
Revenue	1	Gross receipts	61,952.	20,185.	10,965.	93,102.
	2	Less Charitable contributions	51,409.	4,300.	5,965.	61,674.
	3	Gross income (line 1 minus line 2)	10,543.	15,885.	5,000.	31,428.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	1,055.	570.	1,750.	3,375.
	7	Food and beverages	2,486.		4,455.	6,941.
	8	Entertainment				
	9	Other direct expenses	2,165.	2,885.	1,781.	6,831.
	10	Direct expense summary Add lines 4 through 9 in column (d)				
11	Net income summary Combine line 3, column (d), and line 10					14,281.

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	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % No _____ %	
7	Direct expense summary Add lines 2 through 5 in column (d)					()
8	Net gaming income summary. Combine line 1, column d, and line 7					

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
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a %		
b	An outside facility 13b %		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ▶ -----		
	Address ▶ -----		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ----- and the amount of gaming revenue retained by the third party ▶ \$ -----		
c	If "Yes," enter name and address of the third party.		
	Name ▶ -----		
	Address ▶ -----		
16	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		
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 17a		
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$		

ATTACHMENT 2

FORM 990EZ, PART I - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>AMOUNT</u>
INTEREST INCOME	753.
TOTAL	<u>753.</u>

FORM 990EZ, PART I - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
SUMMER EVENT 1	51,409.
WINE TASTING	4,300.
SUMMER EVENT 2	5,965.
TOTAL	<u>61,674.</u>

ATTACHMENT 4

FORM 990EZ, PART I - SPECIAL EVENTS AND ACTIVITIES

<u>DESCRIPTION</u>	<u>GROSS REVENUE</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
SUMMER EVENT 1	10,543.	5,706.	4,837.
WINE TASTING	15,885.	3,455.	12,430.
SUMMER EVENT 2	5,000.	7,986.	-2,986.
TOTALS	<u>31,428.</u>	<u>17,147.</u>	<u>14,281.</u>

FORM 990EZ, PART I - OTHER REVENUE

MISCELLANEOUS

1,012.

TOTALS

1,012.

FORM 990EZ, PART I - OTHER CHANGES IN FUND BALANCES

INCREASES IN FUND BALANCES

PRIOR PERIOD ADJUSTMENT

10,350.

TOTAL

10,350.

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
SAVINGS	158,317.	231,871.
TOTALS	<u>158,317.</u>	<u>231,871.</u>

FORM 990EZ, PART II - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
OTHER ASSETS	0.	507.
TOTALS	<u>0.</u>	<u>507.</u>

ATTACHMENT 10FORM 990EZ, PART II - TOTAL LIABILITIES

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
DUE TO DIOCESE OF INDIA	0.	4,343.
TOTALS	<u>0.</u>	<u>4,343.</u>

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE FOUNDATION IS DEDICATED TO THE DEVELOPMENT OF LEADERSHIP EXCELLENCE WITHIN THE YOUNG PEOPLE OF TAMIL NADU, INDIA, REGARDLESS OF BACKGROUND, CASTE OR RELIGIOUS TRADITION. THE FOUNDATION PROVIDES EDUCATION AND LEADERSHIP TRAINING FOR CHILDREN FROM VARIOUS RELIGIOUS AND SOCIAL CASTES IN ORDER TO DEVELOP COMMUNITY LEADERS. THE FOUNDATION STRIVES TO RAISE THE ASPIRATIONS AND LEADERSHIP SKILLS OF UNDERPRIVILEGED CHILDREN SO THAT THEY CAN TRANSFORM THEIR SOCIETY BY COMBATING POVERTY, UNEMPLOYMENT AND POOR HEALTH.

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEESATTACHMENT 12

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT. AND OTHER ALLOWANCES</u>
LIAM HEALY 711 WEST MONROE CHICAGO, IL 60661-3515	PRESIDENT AND CHAIRMAN 3.00	0.	0.	0.
LEON DINGLE 711 WEST MONROE CHICAGO, IL 60661-3515	VICE PRESIDENT 1.00	0.	0.	0.
MICHAEL HOBBS 711 WEST MONROE CHICAGO, IL 60661-3515	TREASURER 3.00	0.	0.	0.
SYLVIA RODRIGO 711 WEST MONROE CHICAGO, IL 60661-3515	SECRETARY 1.00	0.	0.	0.
FATHER JAMELS JAMES 711 WEST MONROE CHICAGO, IL 60661-3515	EXECUTIVE DIRECTOR 40.00	10,760.	0.	0.
ROGER HUGHES 711 WEST MONROE CHICAGO, IL 60661-3515	MEMBER 1.00	0.	0.	0.
FATHER JOHN WALL 711 WEST MONROE	CHAIRMAN EMERITUS 1.00	0.	0.	0.

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

ATTACHMENT 12 (CONT'D)

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
CHICAGO, IL 60661-3515				
BROTHER DENNIS NEWTON 711 WEST MONROE CHICAGO, IL 60661-3515	MEMBER 1.00	0.	0.	0.
NIRANJAH SHAH 711 WEST MONROE CHICAGO, IL 60661-3515	MEMBER 1.00	0.	0.	0.
LAURA FIELD 711 WEST MONROE CHICAGO, IL 60661-3515	EX OFFICIO MEMBER AND DIRECTOR 1.00	0.	0.	0.
LOIS HAUBOLD 711 WEST MONROE CHICAGO, IL 60661-3515	MEMBER 1.00	0.	0.	0.
TERRY NELSON-JOHNSON 711 WEST MONROE CHICAGO, IL 60661-3515	MEMBER 1.00	0.	0.	0.
ANNE GROSS 711 WEST MONROE CHICAGO, IL 60661-3515	MEMBER 1.00	0.	0.	0.
GRAND TOTALS		10,760.	0.	0.