See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490
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) 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 and ending

B Check if applicable

C Name of organization

voices for illinois children, inc.

D Employer identification number
36-3480909

E Telephone number
312-456-0060

F Name and address of principal officer
GAYLORD GIESEKE
SAME AS C ABOVE

CHICAGO, IL 60604

I Tax-exempt status

X 501(c) (3)

J Website: WWW.VOICES4KIDS.ORG

K Form of organization

X Corporation

L Year of formation: 1987 M State of legal domicile: IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities

TO PROMOTE THE WELL BEING OF ILLINOIS CHILDREN.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of employees (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total gross unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Prior Year

Current Year

2,031,284

1,664,956

184,259

137,554

43,655

8,563

1,160

28,470

2,260,358

1,839,543

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25)

222,072

1,213,695

1,155,961

2,202,128

2,250,217

1,530,984

993,028

58,230

-410,674

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

Part II Signature Block

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

8-6-10

GAYLORD GIESEKE, VICE PRESIDENT

Preparer's signature

Preparer's identifying number

847-941-0100

May the IRS discuss this return with the preparer shown above? (see instructions)

92001 02-04-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.
Part III Statement of Program Service Accomplishments

1. Briefly describe the organization's mission:

VOICES FOR ILLINOIS CHILDREN CHAMPIONS THE FULL DEVELOPMENT OF EVERY CHILD IN ILLINOIS TO ASSURE THE FUTURE WELL-BEING OF EVERYONE IN THE STATE. WE WORK WITH FAMILIES, COMMUNITIES AND POLICYMAKERS ON ISSUES TO HELP CHILDREN GROW UP HEALTHY, HAPPY, SAFE, LOVED AND WELL EDUCATED.

2. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes  ☒ No

If "Yes," describe these new services on Schedule O

3. Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes  ☒ No

If "Yes," describe these changes on Schedule O.

4. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a. (Code ) (Expenses $1,033,922, including grants of $ ) (Revenue $ )

THE PROJECT WORKS WITH LOCAL ORGANIZATIONS AND COMMUNITY LEADERS THROUGHOUT THE STATE TO IMPROVE PUBLIC POLICY AND BUILD POLITICAL WILL FOR CHILDREN BY ENGAGING AND MOBILIZING PEOPLE TO RAISE THEIR VOICES TO IMPROVE THE LIVES OF CHILDREN

4b. (Code ) (Expenses $362,949, including grants of $ ) (Revenue $ )

BUDGET & TAX POLICY INITIATIVE WORKS TO IMPROVE THE ECONOMIC SECURITY OF ILLINOIS CHILDREN AND THEIR FAMILIES BY ANALYZING THE STATE'S REVENUE & SPENDING POLICIES IN ORDER TO HELP POLICYMAKERS SET PRIORITIES AND MAKE WISE FISCAL DECISIONS

4c. (Code ) (Expenses $201,149, including grants of $ ) (Revenue $ )

THE FOSTER KIDS ARE OUR KIDS IS A SOCIAL MARKETING CAMPAIGN, SUPPORTED STATEWIDE BY SIXTY - FOUR COMMUNITY BASED AGENCIES. TO PROMOTE THE MESSAGE THAT ALL "FOSTER KIDS ARE OUR KIDS" AND DEFINING WAYS TO MAKE FOSTER CARE BETTER.

4d. Other program services. (Describe in Schedule O )

(Expenses $281,851, including grants of $ ) (Revenue $ )

4e. Total program service expenses $1,879,871.
<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>2. Is the organization required to complete Schedule B, Schedule of Contributors?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>3. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If &quot;Yes,&quot; complete Schedule C, Part I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If &quot;Yes,&quot; complete Schedule C, Part II</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>5. Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If &quot;Yes,&quot; complete Schedule D, Part III</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If &quot;Yes,&quot; complete Schedule D, Part I</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>7. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If &quot;Yes,&quot; complete Schedule D, Part II</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>8. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If &quot;Yes,&quot; complete Schedule D, Part III</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>9. Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If &quot;Yes,&quot; complete Schedule D, Part IV</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>10. Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If &quot;Yes,&quot; complete Schedule D, Part V</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>11. Is the organization's answer to any of the following questions &quot;Yes&quot;? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</td>
<td></td>
<td>X</td>
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<tr>
<td>12. Did the organization operate one or more hospitals? If &quot;Yes,&quot; complete Schedule H</td>
<td></td>
<td>X</td>
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<td></td>
<td>Yes</td>
<td>No</td>
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<td>21</td>
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<td>37</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>38</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

**Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?**
- If "Yes," complete Schedule L, Part I
- If "No," go to line 25

**b** Is the organization 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

**Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-changible related organization?**
- If "Yes," complete Schedule R, Part V, line 2

**Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes?**
- If "Yes," complete Schedule R, Part VI

**Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?**

Note: All Form 990 filers are required to complete Schedule O.
<table>
<thead>
<tr>
<th>Part V Statements Regarding Other IRS Filings and Tax Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. Enter 0 if not applicable</td>
</tr>
<tr>
<td>1b Enter the number of Forms W-2G included in line 1a. Enter 0 if not applicable</td>
</tr>
<tr>
<td>1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?</td>
</tr>
<tr>
<td>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</td>
</tr>
<tr>
<td>2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)</td>
</tr>
<tr>
<td>3a Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?</td>
</tr>
<tr>
<td>3b If &quot;Yes,&quot; has it filed a Form 990-T for this year? If &quot;No,&quot; provide an explanation in Schedule O</td>
</tr>
<tr>
<td>4a 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)?</td>
</tr>
<tr>
<td>4b If &quot;Yes,&quot; enter the name of the foreign country:</td>
</tr>
<tr>
<td>5a See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts</td>
</tr>
<tr>
<td>5b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</td>
</tr>
<tr>
<td>5c Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</td>
</tr>
<tr>
<td>6a Did the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?</td>
</tr>
<tr>
<td>6b If &quot;Yes,&quot; did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</td>
</tr>
<tr>
<td>7 Organizations that may receive deductible contributions under section 170(c).</td>
</tr>
<tr>
<td>a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?</td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; did the organization notify the donor of the value of the goods or services provided?</td>
</tr>
<tr>
<td>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</td>
</tr>
<tr>
<td>d If &quot;Yes,&quot; indicate the number of Forms 8282 filed during the year</td>
</tr>
<tr>
<td>e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</td>
</tr>
<tr>
<td>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</td>
</tr>
<tr>
<td>g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?</td>
</tr>
<tr>
<td>h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?</td>
</tr>
<tr>
<td>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?</td>
</tr>
<tr>
<td>9 Sponsoring organizations maintaining donor advised funds.</td>
</tr>
<tr>
<td>a Did the organization make any taxable distributions under section 4966?</td>
</tr>
<tr>
<td>b Did the organization make a distribution to a donor, donor advisor, or related person?</td>
</tr>
<tr>
<td>10 Section 501(c)(7) organizations. Enter.</td>
</tr>
<tr>
<td>a Initiation fees and capital contributions included on Part VIII, line 12</td>
</tr>
<tr>
<td>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</td>
</tr>
<tr>
<td>11 Section 501(c)(12) organizations. Enter</td>
</tr>
<tr>
<td>a Gross income from members or shareholders</td>
</tr>
<tr>
<td>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</td>
</tr>
<tr>
<td>12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</td>
</tr>
<tr>
<td>12b If &quot;Yes,&quot; enter the amount of tax-exempt interest received or accrued during the year</td>
</tr>
</tbody>
</table>
**Part VI** Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

### Section A. Governing Body and Management

| **1a** Enter the number of voting members of the governing body | 30 |
| **1b** Enter the number of voting members that are independent | 30 |

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  
   - Yes: X

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  
   - Yes: X

4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?  
   - Yes: X

5 Did the organization become aware during the year of a material diversion of the organization's assets?  
   - Yes: X

6 Does the organization have members or stockholders?  
   - Yes: X

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?  
   - Yes: X

7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  
   - Yes: X

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  
   - a. The governing body?  
   - Yes: X
   - b. Each committee with authority to act on behalf of the governing body?  
   - Yes: X

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.  
   - Yes: X

### Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

10a Does the organization have local chapters, branches, or affiliates?  
   - Yes: X

10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?  
   - Yes: X

11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?  
   - Yes: X

11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.  

12a Does the organization have a written conflict of interest policy? If "No," go to line 13  
   - Yes: X

12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  
   - Yes: X

12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  
   - Yes: X

13 Does the organization have a written whistleblower policy?  
   - Yes: X

14 Does the organization have a written document retention and destruction policy?  
   - Yes: X

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  
   - a. The organization's CEO, Executive Director, or top management official  
   - Yes: X
   - b. Other officers or key employees of the organization  
   - Yes: X

15a If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)  

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  
   - Yes: X

16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  
   - Yes: X

### Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filedintext.

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply:  
   - Own website  
   - Another's website  
   - Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.  

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.  
   - GAYLORD GIESEKE - 312 - 456-0600  
   - 208 S. LASALLE STREET, STE 1490, CHICAGO, IL 60604

---

Form 990 (2009)  
12140803 748439 KMN22581  
2009.04000 VOICES FOR ILLINOIS CHILDRE KMN22582
### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization’s tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization’s current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter $0 in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization’s current key employees. See instructions for definition of “key employee.”
- List the organization’s five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization’s former officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization’s former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

- Check this box if the organization did not compensate any current officer, director, or trustee.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week</th>
<th>(C) Position (check all that apply)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCHEDULE ATTACHED</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BOARD OF DIRECTORS</td>
<td></td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>GAYLORD GIESEKE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VICE PRESIDENT</td>
<td>40.00</td>
<td>X X X</td>
<td>116,674.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>KATHLEEN RYG</td>
<td>40.00</td>
<td>X X</td>
<td>46,667.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week</th>
<th>(C) Position (check all that apply)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>Individual trustee</td>
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<td>Officer</td>
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<td>Key employee</td>
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<td></td>
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<td>Related</td>
<td>Related</td>
<td>Related</td>
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</tr>
</tbody>
</table>

1b Total ▶ 163,341. 0 0

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 1

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. NONE

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0
## Part VIII Statement of Revenue

<table>
<thead>
<tr>
<th>Contributions, gifts, grants and other similar amounts</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>
| 1 a Federated campaigns  
b Membership dues  
c Fundraising events  
d Related organizations  
e Government grants (contributions)  
f All other contributions, gifts, grants, and similar amounts not included above  
g Noncash contributions included in lines 1a-1f $  
h Total, Add lines 1a-1f $ | 1a | 1b | 1c 260,400 |
|                                                      |   |   |   |

<table>
<thead>
<tr>
<th>Contributions, gifts, grants and other similar amounts</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>
| 1f 1,131,556.  
  Total, Add lines 1a-1f $1,664,956.  
  REIMBURSED EXPENSES  
  Business Code 900099 |   |   |   |
|                                                      |   |   |   |

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>
| 2 a REIMBURSED EXPENSES  
  Business Code 900099 | 137,554. |
| 2b | 137,554. |
| 2c | 137,554. |
| 2d |   |   |   |
| 2e |   |   |   |
| 2f |   |   |   |
| 2g | Total, Add lines 2a-2f | 137,554. |

| 3 Investment income (including dividends, interest, and other similar amounts) | 8,563. |
| 4 Income from investment of tax-exempt bond proceeds | 8,563. |
| 5 Royalties |   |   |   |

| 6 a Gross Rents  
  (i) Real  
  (a) Personal |   |   |   |
|              |   |   |   |
| 6b Less rental expenses |   |   |   |
| 6c Rental income or (loss) |   |   |   |
| 6d Net rental income or (loss) |   |   |   |

| 7 a Gross amount from sales of assets other than inventory  
  (i) Securities  
  (i) Other |   |   |   |
|           |   |   |   |
| 7b Less cost or other basis and sales expenses |   |   |   |
| 7c Gain or (loss) |   |   |   |
| 7d Net gain or (loss) |   |   |   |

| 8 a Gross income from fundraising events (not including $260,400 of contributions reported on line 1c) See Part IV, line 18 | 122,128. |
| 8b Less direct expenses | 99,038. |
| 8c Net income or (loss) from fundraising events | 23,090.  
  23,090. |

| 9 a Gross income from gaming activities See Part IV, line 19 |   |   |   |
| 9b Less direct expenses |   |   |   |
| 9c Net income or (loss) from gaming activities |   |   |   |

| 10 a Gross sales of inventory, less returns and allowances  
  b Less cost of goods sold  
  c Net income or (loss) from sales of inventory |   |   |
|                                               |   |   |

<table>
<thead>
<tr>
<th>Other Revenue</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>
| 11 a MISCELLANEOUS  
  Business Code 900099 | 5,380. |
| 11b | 5,380. |
| 11c |   |   |   |
| 11d |   |   |   |
| 11e | Total, Add lines 11a-11d | 5,380. |

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>
| 12 Total revenue. See instructions. | 1,839,543.  
  166,024.  
  0.  
  8,563. |

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*Form 990 (2009)*

**Voices for Illinois Children, Inc.**

**36-3480909**

**Page 9**

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**12140803 748439 KMN22581**

**2009.04000 VOICES FOR ILLINOIS CHILDRE KMN22582**
<p>| Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). |
|---|---|---|---|---|
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) | (B) | (C) | (D) |
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 195,336. | 175,802. | 9,767. | 9,767. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 675,077. | 558,709. | 46,892. | 69,476. |
| 7 Other salaries and wages | | | | |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 54,480. | 53,308. | 586. | 586. |
| 9 Other employee benefits | 102,131. | 73,470. | 12,543. | 16,118. |
| 10 Payroll taxes | 67,232. | 65,786. | 723. | 723. |
| 11 Fees for services (non-employees). | | | | |
| a Management | 12,000. | 6,500. | 3,500. | 2,000. |
| b Legal | | | | |
| c Accounting | | | | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other | | | | |
| 12 Advertising and promotion | 242,740. | 242,740. | | |
| 13 Office expenses | 67,197. | 37,349. | 8,756. | 21,092. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 226,057. | 183,042. | 16,515. | 26,500. |
| 17 Travel | 42,465. | 40,969. | 1,116. | 380. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 74,442. | 67,501. | 4,180. | 2,761. |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 6,553. | 5,000. | 803. | 750. |
| 23 Insurance | | | | |
| 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) | | | | |
| a PROGRAM CONSULTANTS | 230,490. | 153,089. | 36,171. | 41,230. |
| b SUBCONTRACTORS | 170,667. | 170,667. | | |
| c COMPUTER EXPENSES | 37,254. | 28,500. | 4,754. | 4,000. |
| d FUND RAISING EXPENSES | 22,384. | | 22,384. | |
| e INSURANCE | 14,968. | 11,000. | 1,968. | 2,000. |
| f All other expenses | 8,744. | 6,439. | | 2,305. |
| 26 Joint costs Check here □ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th>(A)</th>
<th></th>
<th>(B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash - non-interest-bearing</td>
<td>32,961</td>
<td>65,881</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>2,298,169</td>
<td>1,359,256</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>459,783</td>
<td>385,500</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>1,803</td>
<td>40,177</td>
</tr>
<tr>
<td>5</td>
<td>Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td>44,246</td>
<td>26,653</td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>289,206</td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td>Less: accumulated depreciation</td>
<td>272,872</td>
<td>18,529</td>
</tr>
<tr>
<td>10c</td>
<td></td>
<td></td>
<td>16,334</td>
</tr>
<tr>
<td>11</td>
<td>Investments - publicly traded securities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Investments - other securities. See Part IV, line 11</td>
<td>213,967</td>
<td>278,377</td>
</tr>
<tr>
<td>13</td>
<td>Investments - program-related. See Part IV, line 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Other assets See Part IV, line 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Total assets. Add lines 1 through 15 (must equal line 34)</td>
<td>3,069,458</td>
<td>2,172,178</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>142,062</td>
<td>111,819</td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability Complete Part IV of Schedule D</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Other liabilities Complete Part X of Schedule D</td>
<td>1,388,922</td>
<td>881,209</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities. Add lines 17 through 25</td>
<td>1,530,984</td>
<td>993,028</td>
</tr>
</tbody>
</table>

**Net Assets or Fund Balances**

<table>
<thead>
<tr>
<th></th>
<th>(A)</th>
<th></th>
<th>(B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>Unrestricted net assets</td>
<td>689,299</td>
<td>645,875</td>
</tr>
<tr>
<td>28</td>
<td>Temporarily restricted net assets</td>
<td>849,175</td>
<td>533,275</td>
</tr>
<tr>
<td>29</td>
<td>Permanently restricted net assets</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Organizations that do not follow SFAS 117, check here □ and complete lines 30 through 34.**

<table>
<thead>
<tr>
<th></th>
<th>(A)</th>
<th></th>
<th>(B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>Capital stock or trust principal, or current funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>Total net assets or fund balances</td>
<td>1,538,474</td>
<td>1,179,150</td>
</tr>
<tr>
<td>34</td>
<td>Total liabilities and net assets/fund balances</td>
<td>3,069,458</td>
<td>2,172,178</td>
</tr>
</tbody>
</table>
Part XI | Financial Statements and Reporting

1. Accounting method used to prepare the Form 990: ☑ Cash ☐ Accrual ☐ Other

   If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a. Were the organization's financial statements compiled or reviewed by an independent accountant? ☑

2b. Were the organization's financial statements audited by an independent accountant? ☑

2c. If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

   If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

   If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

   ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? ☑

3b. If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.
Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Name of the organization: VOICES FOR ILLINOIS CHILDREN, INC.

Employer identification number: 36-3480909

Part I  Reason for Public Charity Status

(All organizations must complete this part) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iv). Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v).

6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(vi).

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vii). (Complete Part II)

8 ☐ A community trust described in section 170(b)(1)(A)(viii). (Complete Part II)

9 ☐ An organization that normally receives 1 more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I  b ☒ Type II  c ☐ Type III - Functionally integrated  d ☐ Type III - Other

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h ☐ Provide the following information about the supported organization(s).

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

Total

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Schedule A (Form 990 or 990-EZ) 2009

2009.04000 VOICES FOR ILLINOIS CHILDRE KMN22582
Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2005</th>
<th>(b) 2006</th>
<th>(c) 2007</th>
<th>(d) 2008</th>
<th>(e) 2009</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received (Do not include any “unusual grants”)</td>
<td>1450779.</td>
<td>2428860.</td>
<td>1740948.</td>
<td>2031284.</td>
<td>1664956.</td>
<td>9316827.</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Total: Add lines 1 through 3</td>
<td>1450779.</td>
<td>2428860.</td>
<td>1740948.</td>
<td>2031284.</td>
<td>1664956.</td>
<td>9316827.</td>
</tr>
<tr>
<td>5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Public support: Subtract line 5 from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2472056.</td>
</tr>
</tbody>
</table>

Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2005</th>
<th>(b) 2006</th>
<th>(c) 2007</th>
<th>(d) 2008</th>
<th>(e) 2009</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>1450779.</td>
<td>2428860.</td>
<td>1740948.</td>
<td>2031284.</td>
<td>1664956.</td>
<td>9316827.</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td>29,040.</td>
<td>44,487.</td>
<td>68,023.</td>
<td>43,655.</td>
<td>8,365.</td>
<td>193,570.</td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (explain in Part IV)</td>
<td>4,217.</td>
<td>3,652.</td>
<td>93,261.</td>
<td>1,160.</td>
<td>5,380.</td>
<td>107,670.</td>
</tr>
<tr>
<td>11 Total support: Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9618067.</td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section C. Computation of Public Support Percentage

| Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) | 14 | 71.17 % |
| Public support percentage from 2008 Schedule A, Part II, line 14 | 15 | 68.86 % |

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 |

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 | |

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 | |
### Section A. Public Support

**Calendar year (or fiscal year beginning in):**

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

7b. 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

8. **Public support (Subtract line 7c from line 6)**

### Section B. Total Support

**Calendar year (or fiscal year beginning in):**

9. **Amounts from line 6**

10a. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources

10b. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975

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**

### Section C. Computation of Public Support Percentage

15. **Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))**

16. **Public support percentage from 2008 Schedule A, Part III, line 15**

### Section D. Computation of Investment Income Percentage

17. **Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))**

18. **Investment income percentage from 2008 Schedule A, Part III, line 17**

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.**

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.**

20. **Private foundation, If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions**
**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

Complete if the organization is described below.

---

**Part I-A**

Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1. Provide a description of the organization's direct and indirect political campaign activities in Part IV
   - Political expenditures
   - Volunteer hours

**Part I-B**

Complete if the organization is exempt under section 501(c)(3).

1. Enter the amount of any excise tax incurred by the organization under section 4955
2. Enter the amount of any excise tax incurred by organization managers under section 4955
3. If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
4a. Was a correction made?
   
4b. If "Yes," describe in Part IV

**Part I-C**

Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1. Enter the amount directly expended by the filing organization for section 527 exempt function activities
2. Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities
3. Total exempt function expenditures Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b
4. Did the filing organization file Form 1120-POL for this year?
5. Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

<table>
<thead>
<tr>
<th>(a) Name</th>
<th>(b) Address</th>
<th>(c) EIN</th>
<th>(d) Amount paid from filing organization's funds</th>
<th>(e) Amount of political contributions received and promptly and directly delivered to a separate political organization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2009

LHA
A Check □ if the filing organization belongs to an affiliated group.
B Check □ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)
1b Total lobbying expenditures to influence a legislative body (direct lobbying)
1c Total lobbying expenditures (add lines 1a and 1b)
1d Other exempt purpose expenditures
1e Total exempt purpose expenditures (add lines 1c and 1d)
1f Lobbying nontaxable amount. Enter the amount from the following table in both columns.

<table>
<thead>
<tr>
<th>If the amount on line 1e, column (a) or (b) is:</th>
<th>The lobbying nontaxable amount is:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not over $500,000</td>
<td>20% of the amount on line 1e.</td>
</tr>
<tr>
<td>Over $500,000 but not over $1,000,000</td>
<td>$100,000 plus 15% of the excess over $500,000</td>
</tr>
<tr>
<td>Over $1,000,000 but not over $1,500,000</td>
<td>$175,000 plus 10% of the excess over $1,000,000</td>
</tr>
<tr>
<td>Over $1,500,000 but not over $17,000,000</td>
<td>$225,000 plus 5% of the excess over $1,500,000</td>
</tr>
<tr>
<td>Over $17,000,000</td>
<td>$1,000,000</td>
</tr>
</tbody>
</table>

1g Grassroots nontaxable amount (enter 25% of line 1f)
1h Subtract line 1g from line 1a. If zero or less, enter 0.
1i Subtract line 1f from line 1c. If zero or less, enter 0.
1j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? □ Yes □ No

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 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2006</th>
<th>(b) 2007</th>
<th>(c) 2008</th>
<th>(d) 2009</th>
<th>(e) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a Lobbying nontaxable amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b Lobbying ceiling amount (150% of line 2a, column(e))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2c Total lobbying expenditures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2d Grassroots nontaxable amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2e Grassroots ceiling amount (150% of line 2d, column(e))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2f Grassroots lobbying expenditures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Schedule C (Form 990 or 990-EZ) 2009**

**VOICES FOR ILLINOIS CHILDREN, INC.** 36-3480909

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

1. During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:
   a. Volunteers?
      X
   b. Paid staff or management (include compensation in expenses reported on lines 1c through 1j)?
      X
   c. Media advertisements?
      X 12,435
   d. Mailings to members, legislators, or the public?
      X 36,898
   e. Publications, or published or broadcast statements?
      X
   f. Grants to other organizations for lobbying purposes?
      X
   g. Direct contact with legislators, their staffs, government officials, or a legislative body?
      X
   h. Railes, demonstrations, seminars, conventions, speeches, lectures, or any similar means?
      X
   i. Other activities? If "Yes," describe in Part IV
      X
   j. Total! Add lines 1c through 1
      X 49,333

2a. Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?
   X

2b. If "Yes," enter the amount of any tax incurred under section 4912

2c. If "Yes," enter the amount of any tax incurred by organization managers under section 4912

2d. If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Were substantially all (90% or more) dues received deductible by members?

2. Did the organization make only in-house lobbying expenditures of $2,000 or less?

3. Did the organization agree to carryover lobbying and political expenditures from the prior year?

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>2a</th>
<th>2b</th>
<th>2c</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Dues, assessments and similar amounts from members

2. Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).
   a. Current year
   b. Carryover from last year
   c. Total

3. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

4. If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?

5. Taxable amount of lobbying and political expenditures (see instructions)

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1. Also, complete this part for any additional information.

**PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:**

**NOMINAL AMOUNT OF FUNDS ARE USED TO INFLUENCE LEGISLATURES TO BENEFIT THE CHILDREN OF ILLINOIS. MATERIAL AND INFORMATION IS PROVIDED TO LEGISLATIVE BODIES ON THE CHILDREN'S NEEDS.**

932043 02-04-10

12140803 748439 KMN22581 2009.04000 VOICES FOR ILLINOIS CHILDRE KMN22582
**Schedule D (Form 990)**  
Supplemental Financial Statements  
Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
Attach to Form 990. See separate instructions.

<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>VOICES FOR ILLINOIS CHILDREN, INC.</td>
<td>36-3480909</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>1</th>
<th>Total number at end of year</th>
<th>(a) Donor advised funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Aggregate contributions to (during year)</td>
<td>(b) Funds and other accounts</td>
</tr>
<tr>
<td>3</td>
<td>Aggregate grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>1</th>
<th>Purpose(s) of conservation easements held by the organization (check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Preservation of land for public use (e.g., recreation or pleasure)</td>
</tr>
<tr>
<td></td>
<td>Preservation of an historically important land area</td>
</tr>
<tr>
<td></td>
<td>Protection of natural habitat</td>
</tr>
<tr>
<td></td>
<td>Preservation of a certified historic structure</td>
</tr>
<tr>
<td></td>
<td>Preservation of open space</td>
</tr>
<tr>
<td>2</td>
<td>Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2a</th>
<th>Total number of conservation easements</th>
</tr>
</thead>
<tbody>
<tr>
<td>2b</td>
<td>Total acreage restricted by conservation easements</td>
</tr>
<tr>
<td>2c</td>
<td>Number of conservation easements on a certified historic structure included in (a)</td>
</tr>
<tr>
<td>2d</td>
<td>Number of conservation easements included in (c) acquired after 8/17/06</td>
</tr>
<tr>
<td>3</td>
<td>Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year</td>
</tr>
<tr>
<td>4</td>
<td>Number of states where property subject to conservation easement is located</td>
</tr>
<tr>
<td>5</td>
<td>Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No</td>
</tr>
<tr>
<td>6</td>
<td>Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year</td>
</tr>
<tr>
<td>7</td>
<td>Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year</td>
</tr>
<tr>
<td>8</td>
<td>Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No</td>
</tr>
<tr>
<td>9</td>
<td>In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements</td>
</tr>
</tbody>
</table>

**Part III**  
Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  
Schedule D (Form 990) 2009

12140803 748439 KMN22581 2009.04000 VOICES FOR ILLINOIS CHILDRE KMN22582
**Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3. Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
   - Public exhibition
   - Scholarly research
   - Preservation for future generations
   - Loan or exchange programs
   - Other

4. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? [ ] Yes [ ] No

**Part IV | Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
   - [ ] Yes [ ] No

   If "Yes," explain the arrangement in Part XIV and complete the following table:

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
</tr>
<tr>
<td>1d</td>
</tr>
<tr>
<td>1e</td>
</tr>
<tr>
<td>1f</td>
</tr>
</tbody>
</table>

2a. Did the organization include an amount on Form 990, Part X, line 21?
   - [ ] Yes [ ] No

   If "Yes," explain the arrangement in Part XIV.

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

1a. Beginning of year balance
   - (a) Current year: 213,966
   - (b) Prior year: 231,904

   b. Contributions
   - 7,281
   - 103,095

   c. Net investment earnings, gains, and losses
   - 57,130
   - -121,033

   d. Grants or scholarships
   - 278,377
   - 213,966

2. Provide the estimated percentage of the year end balance held as:
   - Board designated or quasi-endowment: 100.00%
   - Permanent endowment: [ ]
   - Term endowment: [ ]

3a. Are there endowment funds not in the possession of the organization that are held and administered for the organization by unrelated organizations?
   - [ ] Yes [ ] No

3b. If "Yes" to 3a(i), are the related organizations listed as required on Schedule R?
   - [ ] Yes

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

<table>
<thead>
<tr>
<th>Description of investment</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Land</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Buildings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Leasehold improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Equipment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Other</td>
<td>289,206.</td>
<td>272,872.</td>
<td>16,334.</td>
<td></td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)) [ ] 16,334.
Schedule D (Form 990) 2009

VOICES FOR ILLINOIS CHILDREN, INC. 36-3480909 Page 3

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

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VANGUARD MUTUAL FUND</td>
<td>278,377</td>
<td>END-OF-YEAR MARKET VALUE</td>
</tr>
</tbody>
</table>

Total. (Col b) must equal Form 990, Part X, col (B) line 12. 278,377.

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

<table>
<thead>
<tr>
<th>(a) Description of investment type</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
</table>

Total. (Col b) must equal Form 990, Part X, col (B) line 13. 278,377.

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

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
</table>

Total. (Column b) must equal Form 990, Part X, col (B) line 15.

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

<table>
<thead>
<tr>
<th>(a) Description of liability</th>
<th>(b) Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal income taxes</td>
<td></td>
</tr>
<tr>
<td>ACCRUED VACATION</td>
<td>32,147</td>
</tr>
<tr>
<td>HELD FOR OTHERS</td>
<td>820,683</td>
</tr>
<tr>
<td>DEFERRED LEASE COSTS</td>
<td>28,379</td>
</tr>
</tbody>
</table>

Total. (Column b) must equal Form 990, Part X, col (B) line 25. 881,209.

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.
### Schedule D (Form 990) 2009  
**VOICES FOR ILLINOIS CHILDREN, INC. 36-3480909**  
**Page 4**

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (Form 990, Part VIII, column (A), line 12)</td>
<td>1,839,543</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (Form 990, Part IX, column (A), line 25)</td>
<td>2,250,217</td>
</tr>
<tr>
<td>3</td>
<td>Excess or (deficit) for the year. Subtract line 2 from line 1</td>
<td>-410,674</td>
</tr>
<tr>
<td>4</td>
<td>Net unrealized gains (losses) on investments</td>
<td>51,350</td>
</tr>
<tr>
<td>5</td>
<td>Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Investment expenses</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Prior period adjustments</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Other (Describe in Part XIV)</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Total adjustments (net) Add lines 4 through 8</td>
<td>51,350</td>
</tr>
<tr>
<td>10</td>
<td>Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9</td>
<td>-359,324</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
<td>1,989,931</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a  Net unrealized gains on investments</td>
<td>2a</td>
</tr>
<tr>
<td></td>
<td>b  Donated services and use of facilities</td>
<td>2b</td>
</tr>
<tr>
<td></td>
<td>c  Recoveries of prior year grants</td>
<td>2c</td>
</tr>
<tr>
<td></td>
<td>d  Other (Describe in Part XIV)</td>
<td>2d</td>
</tr>
<tr>
<td></td>
<td>e  Add lines 2a through 2d</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>1,839,543</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a  Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
</tr>
<tr>
<td></td>
<td>b  Other (Describe in Part XIV)</td>
<td>4b</td>
</tr>
<tr>
<td></td>
<td>c  Add lines 4a and 4b</td>
<td>0.0</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue Add lines 3 and 4c, (This must equal Form 990, Part I, line 12)</td>
<td>1,839,543</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
<td>2,349,255</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a  Donated services and use of facilities</td>
<td>2a</td>
</tr>
<tr>
<td></td>
<td>b  Prior year adjustments</td>
<td>2b</td>
</tr>
<tr>
<td></td>
<td>c  Other losses</td>
<td>2c</td>
</tr>
<tr>
<td></td>
<td>d  Other (Describe in Part XIV)</td>
<td>2d</td>
</tr>
<tr>
<td></td>
<td>e  Add lines 2a through 2d</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>2,250,217</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a  Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
</tr>
<tr>
<td></td>
<td>b  Other (Describe in Part XIV)</td>
<td>4b</td>
</tr>
<tr>
<td></td>
<td>c  Add lines 4a and 4b</td>
<td>0.0</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses Add lines 3 and 4c, (This must equal Form 990, Part I, line 18)</td>
<td>2,250,217</td>
</tr>
</tbody>
</table>

#### Part XIV  
**Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4: THE INTENTION IS TO HOLD THESE FUNDS PERMANANTLY, BUT**

**THE BOARD HAS THE RIGHT TO USE THESE AT ITS DISCRETION.**

---

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

**GROSS REVENUE FROM BENEFIT ADJUSTMENT $99038**

**UNREALIZED INVESTMENT GAIN $51350**

---

**PART XIII, LINE 2D - OTHER ADJUSTMENTS:**
DIRECT EXPENSES FROM BENEFIT $99038
## Supplemental Information Regarding Fundraising or Gaming Activities

**Name of the organization**: VOICES FOR ILLINOIS CHILDREN, INC.

**Employer identification number**: 36-3480909

### Part I Fundraising Activities

Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

2. Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?__ □ Yes □ No
   a. If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

<table>
<thead>
<tr>
<th>(i) Name of individual or entity (fundraiser)</th>
<th>(ii) Activity</th>
<th>(iii) Did fundraiser have custody or control of contributions?</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in col (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
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<tr>
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<td></td>
</tr>
</tbody>
</table>

Total

3. List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing:

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_______________________________________
**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.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Event #1 (event type)</th>
<th>(b) Event #2 (event type)</th>
<th>(c) Other events (total number)</th>
<th>(d) Total events (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross receipts</td>
<td>340,425.</td>
<td>35,406.</td>
<td>6,697.</td>
<td>382,528.</td>
</tr>
<tr>
<td>2 Less Charitable contributions</td>
<td>221,000.</td>
<td>34,400.</td>
<td>5,000.</td>
<td>260,400.</td>
</tr>
<tr>
<td>3 Gross income (line 1 minus line 2)</td>
<td>119,425.</td>
<td>1,006.</td>
<td>1,697.</td>
<td>122,128.</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Bingo</th>
<th>(b) Pull tabs/instant bingo/progressive bingo</th>
<th>(c) Other gaming</th>
<th>(d) Total gaming (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Other direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Yes % □ Yes % □ Yes %</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 6 Volunteer labor | □ Yes □ No |
| □ Yes % □ No % |

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:
   □ Yes □ No

9a Is the organization licensed to operate gaming activities in each of these states?

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

11 Does the organization operate gaming activities with nonmembers?

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?
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?

   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 ▶

      □ Director/officer □ Employee □ Independent contractor

17. Mandatory distributions:

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

   b. Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $ ▶
SCHEDULE O
(Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization
VOICES FOR ILLINOIS CHILDREN, INC.

Employer identification number
36-3480909

2009
Open to Public Inspection

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

HEALTH POLICY INITIATIVES AND KIDS COUNT

EXPENSES $ 281851. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

FORM 990, PART VI, SECTION B, LINE 11: TAX RETURN IS REVIEWED BY FISCAL MANAGER BEFORE PRESENTING TO APPROPRIATE PERSONS FOR SIGNATURE.

FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION OF THE PRESIDENT AND VICE PRESIDENT ARE DETERMINED BY THE BOARD OF DIRECTORS AND APPROVED AS PART OF THE BUDGET APPROVAL PROCESS.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENT AVAILABLE IN PAPER FORM UPON REQUEST.
Form 8868 (Rev. 4-2009)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)

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

Name of Exempt Organization

VOICES FOR ILLINOIS CHILDREN, INC.

Employer identification number

36-3480909

For IRS use only

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

208 S. LASALLE STREET, NO. 1490

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

CHICAGO, IL 60604

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

X Form 990 □ Form 990-EZ □ Form 990-T (sec. 401(a) or 408(a) trust) □ Form 1041-A □ Form 5227 □ Form 8870

□ Form 990-BL □ Form 990-PF □ Form 990-T (trust other than above) □ Form 4720 □ Form 6069

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

GAYLORD GIESEKE

Telephone No ▶ 312 - 456-0600 ▶ FAX No ▶

If the organization does not have an office or place of business in the United States, check this box ▶ □

If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ▶ □. If this is for the whole group, check this box ▶ □. If it is for part of the group, check this box ▶ □ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until NOVEMBER 15, 2010

5 For calendar year 2009, or other tax year beginning

6 If this tax year is for less than 12 months, check reason:

□ Initial return □ Final return □ Change in accounting period

7 State in detail why you need the extension

INFORMATION NEEDED TO PREPARE THE RETURN HAS NOT BEEN RECEIVED FROM UNRELATED THIRD PARTIES. ADDITIONAL TIME TO FILE IS REQUESTED.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.

c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

8a $ 8b $ 8c $ N/A

Signature and Verification

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

Signature ▶ Title ▶ CPA ▶ Date ▶

Form 8868 (Rev. 4-2009)
Form 8868
Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

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, 8069, or 8870, group returns, or a corporate 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.

<table>
<thead>
<tr>
<th>Type or print</th>
<th>Name of Exempt Organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>VOICES FOR ILLINOIS CHILDREN, INC.</td>
<td>36-3480909</td>
</tr>
<tr>
<td></td>
<td>Number, street, and room or suite no. If a P.O. box, see instructions.</td>
<td>208 S. LASALLE STREET, NO. 1490</td>
</tr>
<tr>
<td></td>
<td>City, town or post office, state, and ZIP code. For a foreign address, see instructions.</td>
<td>CHICAGO, IL 60604</td>
</tr>
</tbody>
</table>

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

X Form 990
☐ Form 990-BL
☐ Form 990-T (sec. 401(a) or 408(a) trust)
☐ Form 990-EZ
☐ Form 990-PF
☐ Form 4720
☐ Form 5227
☐ Form 6069
☐ Form 8870

GAYLORD GIESEKE

Telephone No. ➤ 312 - 456-0600 ➤ FAX No. ➤

If the organization does not have an office or place of business in the United States, check this box ➤

If this is for a Group Return, enter the organization’s four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ➤

If it is for part of the group, check this box ➤ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2010 , to file the exempt organization return for the organization named above. The extension is for the organization’s return for.

X calendar year 2009 or

X tax year beginning , and ending

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

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 $

3b 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 $

3c 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.
Form 8868 (Rev 4-2009)  

Part II  Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

<table>
<thead>
<tr>
<th>Name of Exempt Organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>VOICES FOR ILLINOIS CHILDREN, INC.</td>
<td>36-3480909</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Check type of return to be filed (File a separate application for each return):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990</td>
</tr>
<tr>
<td>✓</td>
</tr>
</tbody>
</table>

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

GAYLORD GIESEKE

- The books are in the care of 208 S. LASALLE STREET, STE 1490 - CHICAGO, IL 60604
- Telephone No. 312 - 456-0600
- FAX No. 

4 I request an additional 3-month extension of time until NOVEMBER 15, 2010.
5 For calendar year 2009, or other tax year beginning , and ending .
6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
7 State in detail why you need the extension INFORMATION NEEDED TO PREPARE THE RETURN HAS NOT BEEN RECEIVED FROM UNRELATED THIRD PARTIES. ADDITIONAL TIME TO FILE IS REQUESTED.

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

Signature and Verification

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

Signature ▶
Title ▶ CPA
Date ▶ 7/20/10

Form 8868 (Rev 4-2009)
2009 BOARD OF DIRECTORS

Ms. Mina Amir-Mokri  
*Vice Chairperson*  
Partner, Sonnenschein Nath & Rosenthal LLP

Mr. Mauricio Ardila  
Director of Business Development, National  
Louis University

Ms. Amanda S. Babst

Ms. Nancy K. Bellis  
President, BizLaw Partner

Ms. Jeanette Bitter

Mr. Calvin Butler  
Director of Government Relations, ComEd

Ms. Linda Coleman-Cleveland  
Director of Human Resources, Ziegler

Ms. Francesca Cooper

Ms. Mary Creg  
President’s Council, State Farm Insurance Company

Mr. Craig Culbertson  
*Chairperson*  
Managing Partner, McGuireWoods

Mr. Ray Hancock  
President, Illinois Community College System Foundation

Ms. Betty Hutchison

Ms. Susan J. Irion  
Principle, SusanIrion, Inc

Ms. Anna Jackson  
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