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Form 990-T

Exempt Organization Business Income Tax Return

For calendar year 2009 or other tax year beginning 2009, and ending 2009.

A. Check box if address changed

B. Exempt under section

X 501(c)(3)
408(e) 220(e)
408A 530(e)
529(a)

C. Book value of all assets at end of year 773,231,706.

D. Employer identification number

36-6079185

E. Unrelated business activity codes

(See instructions for Block F on page 9)

F. Group exemption number (See instructions for Block F on page 9)

773,231,706.

G. Check organization type

X 501(c) corporation
501(c) trust
401(a) trust
Other trust

H. Describe the organization's primary unrelated business activity

LIMTED PARTNERSHIP INCOME/LOSS

I. During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?

Yes 
No

J. The books are in care of

DEBORAH GILLESPIE

Telephone number 312-782-2464

Part I Unrelated Trade or Business Income

<table>
<thead>
<tr>
<th>1a Gross receipts or sales</th>
<th>c Balance</th>
<th>1c</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Cost of goods sold</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3 Gross profit</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4a Capital gain net income (attach Schedule D)</td>
<td>4a</td>
<td></td>
</tr>
<tr>
<td>4b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)</td>
<td>4b</td>
<td></td>
</tr>
<tr>
<td>4c Capital loss deduction for trusts</td>
<td>4c</td>
<td></td>
</tr>
<tr>
<td>5 Income (loss) from partnerships and S corporations (attach statement)</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6 Rent income (Schedule C)</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7 Unrelated debt-financed income (Schedule E)</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>10 Exploited exempt activity income (Schedule I)</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>11 Advertising income (Schedule J)</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>12 Other income</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>13 Total. Combine lines 3 through 12</td>
<td>13</td>
<td></td>
</tr>
</tbody>
</table>

ATCH 1 -290,977.

-290,977.

Part II Deductions Not Taken Elsewhere

(Except for contributions, deductions must be directly connected with the unrelated business income.)

| 14 Compensation of officers, directors, and trustees (Schedule K) | 14 |
| 15 Salaries and wages | 15 |
| 16 Repairs and maintenance | 16 |
| 17 Bad debts | 17 |
| 18 Interest (attach schedule) | 18 |
| 19 Taxes and licenses | 19 |
| 20 Chantible contributions (See page 13 of the instructions for limitations on deductions) | 20 |
| 21 Depreciation (attach Form 4562) | 21 |
| 22 Less depreciation claimed on Schedule A and elsewhere on return | 22 |
| 23 Depletion | 23 |
| 24 Contributions to deferred compensation plans | 24 |
| 25 Employee benefit programs | 25 |
| 26 Excess exempt expenses (Schedule I) | 26 |
| 27 Excess readership costs (Schedule J) | 27 |
| 28 Other deductions (attach schedule) | 28 |
| 29 Total deductions. Add lines 14 through 28 | 29 |
| 30 Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 30 | 30 |
| 31 Net operating loss deduction (limited to the amount on line 30) | 31 |
| 32 Unrelated business taxable income before specific deduction Subtract line 31 from line 30 | 32 |
| 33 Specific deduction (Generally $1,000, but see line 33 instructions for exceptions) | 33 |
| 34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line | 34 |

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### Part III  Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation on page 16. Controlled group members (sections 1561 and 1563) check here □. See instructions and

- a. Enter your share of the $50,000, $25,000, and $9,925,000 taxable income brackets (in that order) (1) $ □, (2) $ □, (3) $ □.
- b. Enter organization's share of (1) Additional 5% tax (not more than $11,750) □, (2) Additional 3% tax (not more than $100,000) □.
- c. Income tax on the amount on line 34 □ 35c. 0.

36 Trusts Taxable at Trust Rates. See instructions for tax computation on page 16. Income tax on the amount on line 34 from □ Tax rate schedule or □ Schedule D (Form 1041) □ 36.

37 Proxy tax. See page 16 of the instructions □ 37.

38 Alternative minimum tax □ 38.

39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies □ 39. 0.

### Part IV  Tax and Payments

40 a. Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) □ 40a.
- b. Other credits (see page 16 of the instructions) □ 40b.
- c. General business credit Attach Form 3800 □ 40c.
- d. Credit for prior year minimum tax (attach Form 8801 or 8827) □ 40d.
- e. Total credits. Add lines 40a through 40d □ 40e.

41 Subtract line 40e from line 39 □ 41. 0.

42 Other taxes Check if from □ Form 4255 □ Form 8811 □ Form 8897 □ Form 8898 □ Other (attach schedule) □ 42.

43 Total tax. Add lines 41 and 42 □ 43. 0.

- b. 2009 estimated tax payments □ 44b.
- c. Tax deposited with Form 8868 □ 44c.
- d. Foreign organizations Tax paid or withheld at source (see instructions) □ 44d.
- e. Backup withholding (see instructions) □ 44e.
- f. Other credits and payments □ Form 2439 □ Form 4136 □ Other □ Total □ 44f 71,441.

45 Total payments. Add lines 44a through 44f □ 45. 71,441.

46 Estimated tax penalty (see page 4 of the instructions) Check if Form 2220 is attached □ 46.

47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed □ 47. 0.

48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid □ 48. 71,441.

49 Enter the amount of line 48 you want Credited to 2010 estimated tax □ 49. 71,441. Refunded □ 49.

### Part V  Statements Regarding Certain Activities and Other Information (see instructions on page 17)

1. At any time during the 2009 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-221, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here □ Yes □ No □ X.

2. During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? □ Yes □ No □ X. If YES, see page 5 of the instructions for other forms the organization may have to file.

### Schedule A - Cost of Goods Sold

Enter method of inventory valuation □

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Inventory at beginning of year</td>
<td>6.</td>
<td>6</td>
</tr>
<tr>
<td>2. Purchases</td>
<td>2.</td>
<td>2</td>
</tr>
<tr>
<td>3. Cost of labor</td>
<td>3.</td>
<td>3</td>
</tr>
<tr>
<td>4a. Additional section 263A costs (attach schedule)</td>
<td>4b.</td>
<td>4b</td>
</tr>
<tr>
<td>5. Total. Add lines 1 through 4b</td>
<td>5.</td>
<td>5</td>
</tr>
</tbody>
</table>

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 taxpayer) is based on all information of which preparer has any knowledge.

### Sign Here

Signature of officer □

Date □

Preparer's signature □

Date □

Check if self-employed □

Preparer's SSN or PTIN □

Paid Preparer's Use Only

Name of firm (or sole proprietor), address, and ZIP code □

EIN □

Phone number □

Preparer's signature □

Date □

Check if self-employed □

Preparer's SSN or PTIN □

Paid Preparer's Use Only

Name of firm (or sole proprietor), address, and ZIP code □

EIN □

Phone number □
<table>
<thead>
<tr>
<th>Partnership</th>
<th>Income/Loss</th>
</tr>
</thead>
<tbody>
<tr>
<td>GTCR FUND VIII, LP</td>
<td>47,247.</td>
</tr>
<tr>
<td>MERIT CAPITAL PARTNERS FUND IV, LP</td>
<td>-15,820.</td>
</tr>
<tr>
<td>WALTON ST. REAL ESTATE FUND VI, LP</td>
<td>-340,829.</td>
</tr>
<tr>
<td>GTCR FUND VIII AIV, LP</td>
<td>28,281.</td>
</tr>
<tr>
<td>GTCR FUND IX/A, LP</td>
<td>-318.</td>
</tr>
<tr>
<td>FISHER LYNCH BUYOUT PARTNERSHIP, LP</td>
<td>-7,495.</td>
</tr>
<tr>
<td>HIGHLANDS FIELD CAPITAL IV, LP</td>
<td>-2,043.</td>
</tr>
</tbody>
</table>

**INCOME (LOSS) FROM PARTNERSHIPS**

-290,977.
### Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

<table>
<thead>
<tr>
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</tr>
</tbody>
</table>

Totals: Enter here and on page 1, Part I, line 9, column (A)

### Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

<table>
<thead>
<tr>
<th>1. Description of exploited activity</th>
<th>2. Gross unrelated business income from trade or business</th>
<th>3. Expenses directly connected with production of unrelated business income</th>
<th>4. Net income (loss) from unrelated trade or business (column 2 minus column 3) if a gain, compute cols 5 through 7</th>
<th>5. Gross income from activity that is not unrelated business income</th>
<th>6. Expenses attributable to column 5</th>
<th>7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
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</tbody>
</table>

Totals: Enter here and on page 1, Part I, line 10, col (A)

### Schedule J - Advertising Income

#### Part I Income From Periodicals Reported on a Consolidated Basis

<table>
<thead>
<tr>
<th>1. Name of periodical</th>
<th>2. Gross advertising income</th>
<th>3. Direct advertising costs</th>
<th>4. Advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7</th>
<th>5. Circulation income</th>
<th>6. Readership costs</th>
<th>7. Excess readership costs (column 6 minus column 5, not more than column 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
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</tr>
</tbody>
</table>

Totals (carry to Part II, line 5): Enter here and on page 1, Part I, line 10, col (B)

#### Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

<table>
<thead>
<tr>
<th>1. Name of periodical</th>
<th>2. Gross advertising income</th>
<th>3. Direct advertising costs</th>
<th>4. Advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7</th>
<th>5. Circulation income</th>
<th>6. Readership costs</th>
<th>7. Excess readership costs (column 6 minus column 5, but not more than column 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
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<td>(4)</td>
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</tr>
</tbody>
</table>

(5) Totals from Part I: Enter here and on page 1, Part I, line 11, col (A)

#### Totals, Part II (lines 1-5): Enter here and on page 1, Part I, line 11, col (B)

### Schedule K - Compensation of Officers, Directors, and Trustees

<table>
<thead>
<tr>
<th>1. Name</th>
<th>2. Title</th>
<th>3. Percent of time devoted to business</th>
<th>4. Compensation attributable to unrelated business</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Total: Enter here and on page 1, Part II, line 14
Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions on page 18)

1. Description of property

(1) 
(2) 
(3) 
(4) 

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)

(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)

3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)

(1) 
(2) 
(3) 
(4) 

Total

(c) Total income Add totals of columns 2(a) and 2(b) Enter here and on page 1, Part I, line 6, column (A) 

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 

Schedule E - Unrelated Debt-Financed Income (see instructions on page 19)

1. Description of debt-financed property

2. Gross income from or allocable to debt-financed property

3. Deductions directly connected with or allocable to debt-financed property

(a) Straight line depreciation (attach schedule)

(b) Other deductions (attach schedule)

(1) 
(2) 
(3) 
(4) 

4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)

5. Average adjusted basis of or allocable to debt-financed property (attach schedule)

6. Column 4 divided by column 5

7. Gross income reportable (column 2 x column 6)

8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))

(1) 
(2) 
(3) 
(4) 

Enter here and on page 1, Part I, line 7, column (A)

Enter here and on page 1, Part I, line 7, column (B)

Total dividends-received deductions included in column 8

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions on page 20)

Exempt Controlled Organizations

1. Name of controlled organization

2. Employer identification number

3. Net unrelated income (loss) (see instructions)

4. Total of specified payments made

5. Part of column 4 that is included in the controlling organization's gross income

6. Deductions directly connected with income in column 5

(1) 
(2) 
(3) 
(4) 

Nonexempt Controlled Organizations

7. Taxable income

8. Net unrelated income (loss) (see instructions)

9. Total of specified payments made

10. Part of column 9 that is included in the controlling organization's gross income

11. Deductions directly connected with income in column 10

(1) 
(2) 
(3) 
(4) 

Add columns 5 and 10

Enter here and on page 1, Part I, line 8, column (A)

Add columns 6 and 11

Enter here and on page 1, Part I, line 8, column (B)

Totals

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

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

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

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

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

Type or print
Name of Exempt Organization

File by the due date for filing your return. See instructions
Number, street, and room or suite no. If a P.O. box, see instructions
City, town or post office, state, and ZIP code. For a foreign address, see instructions

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

Form 990
Form 990-BL
Form 990-EZ
Form 990-PF

Employer identification number

DEBORAH GILLESPIE

Telephone No. 312 782-2464 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) and attach a list with the names and EINs of all members the extension will cover.

1. I request an automatic 3-month extension (6 months for a corporation required to file Form 990-T) extension of time until 11/15/2010, to file the exempt organization return for the organization named above. The extension is for the organization's return.

calendar year 2009 or

tax year beginning _________________ , and ending _________________

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

Initial return
Final return
Change in accounting period

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.

NONE

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.

NONE

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.

NONE

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

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