

# 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)

**2007**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service(77)

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

**A** For the **2007** calendar year, or tax year beginning **7/01**, **2007**, and ending **6/30**, **2008**

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

**C**  
Please use IRS label or print or type. See specific instructions.  
**SPARK VENTURES**  
2617 W HOMER #1  
CHICAGO, IL 60647

**D** Employer identification number  
51-0626562

**E** Telephone number  
312-458-9246

**F** Accounting method:  Cash  Accrual  
 Other (specify) \_\_\_\_\_

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

- H and I are not applicable to section 527 organizations.
- H (a)** Is this a group return for affiliates?  Yes  No
- H (b)** If 'Yes,' enter number of affiliates \_\_\_\_\_
- H (c)** Are all affiliates included?  Yes  No  
(If 'No,' attach a list. See instructions.)
- H (d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**G** Web site: **N/A**

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

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

**I** Group Exemption Number \_\_\_\_\_

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

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **412,838.**

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

<b>REVENUE</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Contributions to donor advised funds	<b>1 a</b>			
	<b>b</b> Direct public support (not included on line 1a)	<b>1 b</b>	262,737.		
	<b>c</b> Indirect public support (not included on line 1a)	<b>1 c</b>			
	<b>d</b> Government contributions (grants) (not included on line 1a)	<b>1 d</b>			
	<b>e</b> Total (add lines 1a through 1d) (cash \$ 112,639. noncash \$ 150,098.)	<b>1 e</b>			262,737.
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			
	<b>3</b> Membership dues and assessments	<b>3</b>			
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			3.
	<b>5</b> Dividends and interest from securities	<b>5</b>			
	<b>6 a</b> Gross rents	<b>6 a</b>			
	<b>b</b> Less: rental expenses	<b>6 b</b>			
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a	<b>6 c</b>				
<b>7</b> Other investment income (describe _____)	<b>7</b>				
<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	150,098.	<b>8 a</b>			
	150,098.	<b>8 b</b>			
	Gain or (loss) (attach schedule) STATEMENT 1	<b>8 c</b>			
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)	<b>8 d</b>				
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1b)	<b>9 a</b>			
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9 b</b>			
	<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a	<b>9 c</b>			
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10 a</b>				
	<b>b</b> Less: cost of goods sold	<b>10 b</b>			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	<b>10 c</b>			
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>				
<b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>			262,740.	
<b>EXPENSES</b>	<b>13</b> Program services (from line 44, column (B))	<b>13</b>		95,862.	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		48,819.	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>			
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
	<b>17</b> Total expenses. Add lines 16 and 44, column (A)	<b>17</b>			144,681.
<b>NET ASSETS</b>	<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12	<b>18</b>		118,059.	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		27,005.	
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>			
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>			145,064.

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash \$ _____) non-cash \$ _____ If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b Other grants and allocations (attach schedule) SEE STATEMENT 2 (cash \$ 95,862.) non-cash \$ _____ If this amount includes foreign grants, check here <input type="checkbox"/>	22b	95,862.	95,862.		
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	11,000.	0.	11,000.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c	0.	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c	26	8,109.		8,109.	
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31	186.		186.	
32 Legal fees	32				
33 Supplies	33	1,314.		1,314.	
34 Telephone	34	304.		304.	
35 Postage and shipping	35	405.		405.	
36 Occupancy	36	1,337.		1,337.	
37 Equipment rental and maintenance	37				
38 Printing and publications	38	1,322.		1,322.	
39 Travel	39	20,223.		20,223.	
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42				
43 Other expenses not covered above (itemize): a SEE STATEMENT 3	43a	4,619.		4,619.	
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	144,681.	95,862.	48,819.	0.

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

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

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

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

What is the organization's primary exempt purpose? ▶ SEE STATEMENT 4

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)

**a** THE ORGANIZATION HAS PARTNERED WITH A LOCAL ORGANIZED CHARITY WHICH OPERATES AN ORPHANAGE AND COMMUNITY SCHOOL IN NDOLA, ZAMBIA. THE ORGANIZATION IS ASSISTING THEM WITH INFRASTRUCTURE, LEADREERSHIP DEVELOPMENT AND FINANCIAL RESOURCES TO DO THEIR WORK.

(Grants and allocations \$ \_\_\_\_\_ ) If this amount includes foreign grants, check here ... ▶

95,862.

**b** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Grants and allocations \$ \_\_\_\_\_ ) If this amount includes foreign grants, check here ... ▶

**c** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Grants and allocations \$ \_\_\_\_\_ ) If this amount includes foreign grants, check here ... ▶

**d** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Grants and allocations \$ \_\_\_\_\_ ) If this amount includes foreign grants, check here ... ▶

**e** Other program services .....

(Grants and allocations \$ \_\_\_\_\_ ) If this amount includes foreign grants, check here ... ▶

**f** **Total of Program Service Expenses** (should equal line 44, column (B), Program services) .....

95,862.

BAA

