

Short Form
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)

2008

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 7/01, 2008, and ending 6/30, 2009

<p>B Check if applicable:</p> <p><input checked="" type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>C</p> <p>Please use IRS label or print or type. See Specific Instructions.</p> <p>SPARK VENTURES PO BOX 479329 CHICAGO, IL 60647</p>	<p>D Employer identification number</p> <p>51-0626562</p>	<p>E Telephone number</p> <p>312-458-9246</p>	<p>F Group Exemption Number</p> <p>▶</p>
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ SPARKVENTURES.ORG

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

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

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 499,901.

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

	1 Contributions, gifts, grants, and similar amounts received	1	450,396.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	1,185.
REVENUE	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ 54,066. of contributions reported on line 1)	6a	48,320.
	b Less: direct expenses other than fundraising expenses	6b	35,824.
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	12,496.
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe ▶)	8	
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	464,077.
EXPENSES	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	81,031.
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	4,265.
	15 Printing, publications, postage, and shipping	15	883.
	16 Other expenses (describe ▶ SEE STATEMENT 1)	16	310,615.
	17 Total expenses (add lines 10 through 16)	17	396,794.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	67,283.
ASSETS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	145,064.
	20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2	20	99,568.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	311,915.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

	22 Cash, savings, and investments	(A) Beginning of year	(B) End of year	
	23 Land and buildings	145,064.	22	208,030.
	24 Other assets (describe ▶ SEE STATEMENT 3)		23	
	25 Total assets	145,064.	24	104,317.
	26 Total liabilities (describe ▶ SEE STATEMENT 4)		25	312,347.
	27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0.	26	432.
		145,064.	27	311,915.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

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

What is the organization's primary exempt purpose? **SEE STATEMENT 5**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

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

28	SEE STATEMENT 6			
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	28 a	180,449.
29	SEE STATEMENT 7			
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	29 a	10,982.
30	SEE STATEMENT 8			
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	30 a	61,291.
31	Other program services (attach schedule) SEE STATEMENT 9			
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	31 a	52,183.
32	Total program service expenses (add lines 28a through 31a)	<input type="checkbox"/>	32	304,905.

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
RICHARD JOHNSON 2617 W HOMER #1 CHICAGO, IL 60647	PRESIDENT & CEO 25.00	6,500.	0.	0.
SCOTT BARBEAU 2239 N SPAULDING AVE CHICAGO, IL 60647	TREASURER 7.00	6,500.	0.	0.
DANIEL MARCUS 1 W SUPERIOR ST APT 5115 CHICAGO, IL 60610	DIRECTOR 2.00	0.	0.	0.
PAUL JOHNSON 5300 N SPAULDING CHICAGO, IL 60625	DIRECTOR 2.00	0.	0.	0.
ROB HORN 2116 KENILWORTH AVE WILMETTE, IL 60091	DIRECTOR 2.00	0.	0.	0.
MARQUITA D HANUS 119 E 18TH ST CHICAGO, IL 60616	DIRECTOR 2.00	0.	0.	0.
TIFFANY STAMAN 10810 KEOKUK ROAD ROSCOE, IL 61073	DIRECTOR 2.00	0.	0.	0.
BRAIN WU 1352 N LASALLE ST CHICAGO, IL 60610	DIRECTOR 2.00	0.	0.	0.
DAVID GOLDSTEIN 35 EAST WACKER DRIVE STE 650 CHICAGO, IL 60601	DIRECTOR 2.00	0.	0.	0.
PRINCESS SCHOEFERNACKER 4851 WEST BYRON ST, APT 101E CHICAGO, IL 60641	DIRECTOR 2.00	0.	0.	0.
BRADY JOSEPHSON 2112 W AINSLIE UNIT 1S CHICAGO, IL 60625	DIR. DEVELOPMNT 40.00	42,000.	0.	0.

