990-EZ

Department of the Treasury Internal Revenue Service

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)
► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$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.

OMB No 1545-1150

2011

Open to Public Inspection

A 1	01 1110 2		september , 2011, and ending	Augi		
_	Check if ap		-	Employ		entification number
=	Address ch	-	The Chicago Drama League			5-2177147
$\overline{}$	Name char	-	Number and street (or P O box, if mail is not delivered to street address) Room/suite E	Telepho	ne nu	ımber
=	Initial return Terminated		P O Box 350		84	7-251-1400
Ħ	Amended i		City or town, state or country, and ZIP + 4	Group	Exer	mption
=	Application		Kenılworth, IL 60043-0350	Numb	er 🕨	•
G	Account	ing Method:	✓ Cash Accrual Other (specify) ► H Che	eck ►	V n	the organization is not
1 1	Website	e: ▶ n/a	· · · · · · · · · · · · · · · · · · ·			ach Schedule B
JΤ	ax-exem	npt status (che	ck only one) — ☐ 501(c)(3) 🗸 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 (For	rm 990	, 990)-EZ, or 990-PF).
	Check ▶		organization is not a section 509(a)(3) supporting organization or a section 527 organization a	nd its o	aross	receipts are normally
			0. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be	•	_	•
		· ·	ses to file a return, be sure to file a complete return.	•	•	,
L A	Add lines	5b, 6c, and 7	b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Pa	art II,		
tı	ne 25, co	olumn (B) belo	w) are \$500,000 or more, file Form 990 instead of Form 990-EZ	. 1	► s	26,280
Р	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the ins		ons	
			the organization used Schedule O to respond to any question in this Part I.			•
—	1		ns, gifts, grants, and similar amounts received		<u>i</u> T	3,330
	2		ervice revenue including government fees and contracts	` ⊢	2	16,788
	3		p dues and assessments		3	5,880
	4	Investment	•	· —	4	282
	1 _			`₀├	-	202
	5a		•	~)	- 1	
	b			씍.	_	0
	C		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5C	0
	6	_	d fundraising events		57	
Ф	a		ome from gaming (attach Schedule G if greater than		74	CEIVED
Revenue	1 _	\$15,000) .	<u></u>	100		0
Š	þ		me from fundraising events (not including \$ 0 of contributions	A07	St	Pagan Jos
æ			aising events reported on line 1) (attach Schedule G if the		Ť	, a s (013 b)
	ŀ		th gross income and contributions exceeds \$15,000) 6b		77	DEN. UT
	C		t expenses from gaming and fundraising events 6c	_0	29	DEN, UT IS
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra			
		line 6c) .		· _6	6d	
	7a	Gross sale	s of inventory, less returns and allowances	0	1	
	b		of goods sold	0	ļ	
	С		t or (loss) from sales of inventory (Subtract line 7b from line 7a)	·	7c	0
	8		nue (describe in Schedule O)	` ⊢	8	0
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	26,280
	10		I similar amounts paid (list in Schedule O)		10	251,747
	11	-	aid to or for members	_	11	0
ės	12	•	ther compensation, and employee benefits	_	12	0
SE	13	Profession	al fees and other payments to independent contractors	· [13	2,611
Expenses	14		y, rent, utilities, and maintenance	_	14	0
Ω	15		ublications, postage, and shipping		15	2,571
	16		enses (describe in Schedule O)		16	21,320
_	17	Total expe	enses. Add lines 10 through 16	D	17	278,249
S	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)	· L	18	<251,969>
set	19		or fund balances at beginning of year (from line 27, column (A)) (must agree wi			
Ass		end-of-yea	r figure reported on prior year's return)	. •	19	251,971
Net Assets	20	Other char	nges in net assets or fund balances (explain in Schedule O)	. 7	20	<2>
Z	21		or fund balances at end of year. Combine lines 18 through 20		21	0
_						

Director - 1

Treasurer - 1

Corresponding Sec

Recording Sec - 1

0

0

O

Edna Mac Quilkin

Mary Lou Mockus

Janet McDermott

Agnes March

c/o P O Box 350, Kenilworth, IL 60043-0350

0

O

0

0

Part	•			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part		
00	Did the appropriate appears to the transfer of		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			,
35a	change on Schedule O (see instructions)	34		
35a	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		\
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	1		
40a	Gross receipts, included on line 9, for public use of club facilities	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			-
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			
u	reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		✓
41	List the states with which a copy of this return is filed. ▶ None			
42a		347-25	1-1400	0
	Located at ► 2514 Laurel Lane, Wilmette, IL ZIP + 4 ►	60091		
b	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)?	405	Yes	
	If "Yes," enter the name of the foreign country:	42b		√
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
	If "Yes," enter the name of the foreign country: ▶ n/a			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		.)	▶ 🗀
	and enter the amount of tax-exempt interest received or accrued during the tax year		V	n/a
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
114	completed instead of Form 990-EZ	44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		√
С	Did the organization receive any payments for indoor tanning services during the year?	44c		7
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			Ť
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).	45h		1

Form 99	0-EZ (2	011)						F	age 4
				-				Yes	No
46	Did t	he organization engage, directly or ir	ndirectly, in political c	ampaign activities on	behalf of or in or	positio	n 🗔		
		andidates for public office? If "Yes,"					46		✓
Part \	VI	Section 501(c)(3) organizations				_			
		501(c)(3) organizations and secti			ists must answe	er ques	stions 4	7–491	D
		and 52, and complete the tables							
		Check if the organization used Scl	hedule O to respond	to any question in the	his Part VI	<u> </u>			<u> </u>
							<u></u>	Yes	No
47	Did t	he organization engage in lobbying	activities or have a	section 501(h) electio	n in effect during	, the ta	ı		
		If "Yes," complete Schedule C, Par					47	 	1
48		e organization a school as described in					48	+	<u> </u>
49a		he organization make any transfers to					49a	-	
		es," was the related organization a se					49b		
50		plete this table for the organization's oyees) who each received more than							
	Citipi	cyccs, who each received more than			(d) Health benefit		enter i		
	(a) N	ame and address of each employee	(b) Title and average hours per week	(c) Reportable compensation	contributions to emp	loyee (e) Estimat		
		paid more than \$100,000	devoted to position	(Forms W-2/1099-MISC)	benefit plans, and de compensation	erred	other cor	npensat	iion
n/a									—
1,,,,									
							-		
						L			
f		number of other employees paid over							
51		plete this table for the organization			contractors who	each r	eceived	more	than
	\$100	,000 of compensation from the orga	inization. If there is no	one, enter "None."					
(a) I	Name a	and address of each independent contractor pa	id more than \$100,000	(b) Type of serv	ıce	(c) C	ompensat	ion	
n/a				-					
				·					
				1					
d	Total	number of other independent contra	actors each receiv						
52	Did t	he organization complete Schedule A	A? Note: All section						
	none	xempt charitable trusts must attach	a completed Sche						
		of penury, I declare that I have examined this i							
true, con	rect, ar	nd complete Declaration of preparer (other than	•						
•			ymoth						
Sign		Signature of officer							
Here		Janet McDermott, Treasurer							
		▼ Type or print name and title	Pressoro and and						
Paid		Print/Type preparer's name	Preparer sisignature						
Prepa		Walter L Keats	n Samiana tin						
Use (Only	Firm's name Alumni & Associatio							
May th	e IRS	Firm's address P. O. Box 350, Kenily discuss this return with the prepared							
		with the property							

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SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

The Chicago Drama League

Employer Identification number

36-2177147

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.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☑ An organization that normally receives: (1) more than 331/3% 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 331/3% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 e 🔲 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) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting 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 Νo 11g(i)

h Provide the follo	owing informa	ation about the support	ed organi	ization(s).					
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)						-			
(D)							-		
(E)									
Total									

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

11g(ii)

11g(iii)

rart	(Complete only if you checked th						
	Part III. If the organization fails to				-	•	ally urider
Secti	on A. Public Support	quality unite	ei tile tests lis	sted below, p	icase comple	rait III.)	
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(2) 200:	(3) 2000	(6) 2000	(4) 25 . 5	(6) 23.1.	(), 10.00
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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)				,		
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support		T # 1				
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	· · · · · · · · · · · · · · · · · · ·					
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				_		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the	_			•		
	organization, check this box and stop ker		<u> </u>	<u> </u>			🕨 🔲
	on C. Computation of Public Suppor						
14 15	Public support percentage for 2011 (line 6 Public support percentage from 2010 Sch					15	<u>%</u>
16a	331/3% support test—2011, If the organiz						heck this
	box and stop here. The organization qual						
b	331/3% support test—2010. If the organ check this box and stop here. The organi	ization did no	ot check a box	on line 13 or	16a, and line		
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "fa organization	ets the "facts-	and-circumsta	nces" test, che	eck this box ar	nd stop here. [line 14 ıs Explaın ın
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizat Explain in Part IV how the organization management	ion meets the eets the "fact	e "facts-and-ci s-and-circums	rcumstances" tances" test. T	test, check th	nis box and st	op here. a publicly
12 4	Supported organization						
18/	instructions						

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support	under the tec	noted bere	, picase co	inpicto i ait i	··/	
	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees	(u) 200.	(5) 2000	(6, 2000	(4) 2010	(6) 2011	(i) Total
	received. (Do not include any "unusual grants.")	14,770	21,468	15,898	16,193	9,210	77,539
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	27,472	28,514	28,500	14,589	16,788	115,863
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	o	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	o	0	0	0
6	Total. Add lines 1 through 5	42,242	49,982	44,398	30,782	25,998	193,402
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	0	o	o	0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		_;				
_		0	0	0	0	0	0
8 8	Add lines 7a and 7b	0	. 0	0	0	0	193,402
Secti	on B. Total Support				1	·	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	42,242	49,982	44,398	30,782	25,998	193,402
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	11,350	6,083	2,620	1,902	282	22,237
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
С	Add lines 10a and 10b	11,350	6,083	2,620	1,902	282	22,237
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	o	o	o	0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11, and 12.)	53,592	56,065	47,018	32,684	26,280	215,639
14	First five years. If the Form 990 is for the organization, check this box and stop her	e organization	's first, second		or fifth tax ye	ar as a section	n 501(c)(3)
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2011 (line 8					15	90 %
16	Public support percentage from 2010 Sch				<u></u>	16	86 %
	on D. Computation of Investment Inc					1 !	
17	Investment income percentage for 2011 (I		• • • • • • • • • • • • • • • • • • • •			17	10 %
18 19a	Investment income percentage from 2010 331/3% support tests—2011. If the organi					18 ore than 331/39	14 % 6, and line
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2010. If the organize line 18 is not more than 331/3%, check this be						
20	Private foundation. If the organization die						_

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
	
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SCHEDULE N (Form 990 or 990-EZ)

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

OMB No 1545-0047-

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.

▶ Attach certified copies of any articles of dissolution, resolutions, or plans.

▶ Attach to Form 990 or 990-EZ.

Name of the organization The Chicago Drama League **Employer identification number** 36-2177147

Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	recipi tax-exen	section o ient(s) (if npt) or typ entity
Cash			58,915 54	Cash basis		Columbia College,	50	1(c)3
Cash			78,915 53	Cash basis		DePaul University,	50	1(c)3
Cash			108,915 53	Cash basis		Northwestern University	50	1(c)3
Cash			5,000 00	Cash basis		Redmoon Theater,	50	1(c)3
					*·	-		
			,					
2 Di	d or will any officer director tr	uston or kou omple	and of the organization		· · · · · · · · · · · · · · · · · · ·		<u> </u>	Yes
	d or will any officer, dırector, tru ecome a dırector or trustee of a						. 2a	
b Be	ecome an employee of, or indep	pendent contractor	for, a successor or tra	ansferee organization	2		. 2b	

			res	NO
2	Did or will any officer, director, trustee, or key employee of the organization:			
а	Become a director or trustee of a successor or transferee organization?	2a		1
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b		1
C	Become a direct or indirect owner of a successor or transferee organization?	2c		1
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?	2d		1
е	If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III.			

Part	Liquidation, Termination,	or Dissolution	(continued)						
	Note. If the organization distribut	ed all of its as	sets during the tax	year, then Form 990	, Part X, column (B)	, line 16 (Total assets), and line 2	26	Yes	No
	(Total liabilities), should equal -0							163	
3	Did the organization distribute its as	ssets in accorda	nce with its governing	instrument(s)? If "No,	" describe in Part III .		3	/	<u> </u>
4a	Is the organization required to notify	the attorney ge	neral or other approp	riate state official of its	s intent to dissolve, lic	quidate, or terminate?	4a	Ĺ	<u> </u>
b							4b		<u> </u>
5	Did the organization discharge or pa	ay all of its liabilit	ties in accordance wit	th state laws?			5	✓	
6a							6a		✓
b	Did the organization discharge or def	ease all of its tax	exempt bond liabilitie	s during the tax year in	accordance with the I	nternal Revenue Code and state laws'	? 6b		<u> </u>
	If "Yes" to line 6b, describe in Part								
Part	Sale, Exchange, Dispositi "Yes" to Form 990, Part IV,	on, or Other T line 32, or For	ransfer of More Th m 990-EZ, line 36. F	n an 25% of the Org Part II can be duplica	anization's Assets ated if additional sp	 Complete this part if the organi pace is needed. 	zation a	nswe	ered
1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	tax-exem	nt(s) (if	
Cash				Cash basis			501	(c)3	
Cash				Cash basis			501	(c)3	
Cash				Cash basis			501	(c)3	
Cash				Cash basis			501	(c)3	
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_	_							Yes	
2	Did or will any officer, director, trust						[] }		1. F.
a	Become a director or trustee of a su						2a		
b	Become an employee of, or independent						2b		✓
C	Become a direct or indirect owner of		_				2c		<u>/</u>
d e	Receive, or become entitled to, con If the organization answered "Yes"						2d		

line 2e. Also co	omplete this p	part to prov	ide any add	e information red	on.		
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2011

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization **Employer Identification number** The Chicago Drama League 36-2177147 FINAL RETURN - ORGANIZATION CLOSED EFFECTIVE AUGUST 31, 2012 (**Note that for FY11 the organization filed a Form 990-N online) Part I, Line 10 In the process of liquidating the organizations assets in anticipation of closing effective August 31, 2012, the organization made donations to several 501(c)3 organizations that it had supported in the past. The donations were as follows: 1) Columbia College (Chicago) for \$58,915 54, 2) DePaul University (Chicago) for \$78,915 53, 3) Northwestern University (Evanston) for \$108,915 53, and 4) Redmoon Theater (Chicago) for \$5,000 00 Part I, Line 16 Program expenses Part I, Line 20 Rounding adjustment Part III, Line 28 The organization arranged educational program focusing on drama by attending live theatre preformances in the Chicago area, including at least one performance suitable for children, by holding other related events such as the Annual Meeting where scholarship donations were given to local area institutions involved in drama and the theatre, and by usually having at least one trip per year to a theatre performance outside Chicago Part III, Line 29 The organization provided annual funding to various educational theatre organizations in the Chicago area. This year the organizations remaining assets were divided amongst these major organizations (see comments for Part I, Line 10 above) Part IV (all c/o P O Box 350, Kenilworth, IL 60043-0350) Gemma Mulvihill, Director - 1, 0,0,0, Marlene Neben, Director - 1, 0,0,0, Gayle Nicosia, Director - 1, 0,0,0, Patricia Ragone, President - 2, 0,0,0, Evelyn Richer, Director - 1, 0,0,0, Fran Lizzo Salvi, 1st VP - 1, 0,0,0, Sylvia Stec, Director - 1, 0,0,0

Anniversary DECEMBER
County COOK

STATE OF ILLINOIS Office Of THE SECRETARY OF STATE

N 2083-216-9 File Number

CERTIFICATE OF DISSOLUTION OF DOMESTIC CORPORATION NOT FOR PROFIT

WHEREAS it appears that

CHICAGO DRAMA LEAGUE % WINNIE LU 2514 LAUREL LN WILMETTE IL 60091

092005

being a corporation organized under the laws of the State of Illinois relating to Domestic Corporations, has failed to file an annual report

as required by the provisions of "General Not For Profit Corporation Act" of the State of Illinois, in force January 1, A.D. 1987, and all acts amendatory thereof; AND WHEREAS, said acts provided that upon failure to file an annual report

the Secretary of State shall dissolve the corporation.

NOW THEREFORE, the Secretary of State of the State of Illinois, hereby dissolves the above corporation in pursuance of the provisions of the aforesaid Act.



IN TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois.

Done at the City of Springfield,

this 10TH day of MAY, A.D. 2013

Rece White
Secretary of State

D000018