# **RSM**: McGladrey

### VIA CERTIFIED MAIL 7007 0710 0004 5854 2291

RSM McGladrey, Inc. 570 Lake Cook Rd., Ste. 300, Deerfield, IL 60015-5274 0 847.940.1300 F 847.940.1333 www.rsmmcgladrey.com

July 2, 2008

Office of the Attorney General Charitable Trust Bureau Attn.: Annual Report Section 100 Wet Randolph Street, 11<sup>th</sup> Floor Chicago, IL 60601-3175

RE: Great Vest Side Club of Chicago.

EIN: 30-0266773

Form: AG990-IL For the years 2004, 2005, 2006 & 2007

#### Gentlemen:

On behalf of the above taxpayer, enclosed for filing is the Illinois Charitable Organization Annual Reports for the years 2004 to 2007, inclusive. Also enclosed are the required filing fees (4 x \$15.00) and late report filing fees (4 x \$100.00) A fully executed Form IL-2848 Power of Attorney is enclosed to permit you to communicate directly with undersigned.

Very truly yours,

#### Jack J. Esses

Direct:

847-317-3654

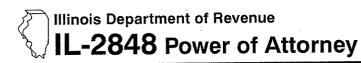
Fax:

847-940-1333

Email:

jack.esses@rsmi.com

cc: + Enclosures (POA) William Woloshin



## Read this information first

IL-2848 front (R-12/02)

Attach a copy of this form to each specific tax return or item of correspondence for which you are requesting power of attorney. **Do not send this form separately.** 

Great Vest Side Club of Chicago Taxpayer's name 30-0266773		3 Tannaver's street address Chicago II 6062					
Taxpayer's identification number(s)		City		State ZIP			
tep 2: Complete the follow	ing information						
The taxpayer named above appoints the fo			nis Denart	ment of Revenue.			
				mone of the torons			
Jack J. Esses	William Woloshin				Name		
Name	Name	Name			Name		
Name of firm	Name of firm			Name of firm		~	
570 Lake Cook Road Suite 300	161 No Clark St S	uite 2600					
Street address	Street address			Street address			
Deerfield, Illinois 600/5	Chicago, il 60601				Ot a transfer of the transfer		
City State ZIP	City (210) 621 0700	State	ZiP	Citv	State	ZIF	
(847) 317-3654	(312) 621-9700			Daytime phone number			
Daytime phone number	· · · · · · · · · · · · · · · · · · ·	Daytime phone number wwoloshin@beermannlaw.com		wayana piidaa namoo			
jack.esses@rsmi.com E-mail address	E-mail address	****		E-mail address			
Form AG990-II 2004-2007	Form AG990-IL 2	004-2007	7				
Specific tax type Year or period	Specific tax type	Year or p	eriod	Specific tax type	Year or	perio	
execute waivers (including of notice of disallowance of execute consents extending delegate authority or substited if a protest to a proposed execute offers in compromise represent the taxpayer before attorney) pertaining to matter obtain a private letter ruling perform other acts (explain).  This power of attorney revokes all prior possible in the protection of the process of the prior possible in the prior possib	a claim for credit or refund. the statutory period for as ute another representative assessment. e or settlement of tax liable the department in all pro- ers specified above. on behalf of the taxpayer.	sessments o . lity. oceedings inc	r collection	of taxes.	ntation by an		
periods covered by this form, except for the				Name			
Street address	Street address			Street address			
City State ZIP	City	State	ZIP	City	State	Z	
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Daytime phone number	20,4			<b>,</b>			

Name Street address			Name	Name Street address				
			Street address					
City		State ZIP	City	State ZIP	City		State	ZIP
Daytir	ne phone number		Daytime phone number	Daytime phone number				
Step	3: Taxpayer's	signature						
lf sig	ning as a corporate o	fficer, particer, fld	luciary, or individual on be	half of the taxpayer, I c	ertify that I have th	e authority	to execute	e this
powe	of attorney on beha	It of the taxpayer	<u> </u>		JUL	1 2008	•	
Tayns	<i>WMMWM</i> ayer's signature	very y	President	Title, if applicable		Date		
tavho	ayer a orginature							
Spou	se's signature			Title, if applicable		Date		
If cor	poration or partnership, s	signature of officer	or partner	Title, if applicable		Date		
Desig Att	orney gnation (attorney, C.P.A., orney		Illinois Jurisdiction (state(s	ul	Signature Vo	na Wil	Date JUL	1 200
Desig	gnation (attorney, C.P.A.,	enrolled agent)	Jurisdiction (state(s	), etc.)	Sigrlature		Date	
Desig	gnation (attorney, C.P.A.,	enrolled agent)	Jurisdiction (state(s	), etc.)	Signature		Date	
Stan			ing if the power	of attorney is	s granted to	a pers	on ot	her
						<del>-</del>		
	an attorney,	a certified	public account		olled agent	·		
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than If the po be witne	ower of attorney is gradessed or notarized be a reson signing as or for	anted to a person slow. Please chec the taxpayer	other than an attorney, a k and complete one of the	ant, or an enr			documer	nt must
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than If the po be with	ower of attorney is gracessed or notarized be reson signing as or for is known to and this the two disinterested.  Signature of witness Signature of witness appeared this day be	anted to a person elow. Please chec the taxpayer s document is sig d witnesses who	nother than an attorney, a ck and complete one of the ned in the presence of se signatures appear here Date	ant, or an enr certified public accour following.			documen	at must