

RSM! McGladrey

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July 2, 2008

Office of the Attorney General
Charitable Trust Bureau
Attn.: Annual Report Section
100 Wet Randolph Street, 11th 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

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.

Step 1: Complete the following taxpayer information

<p>1 <u>Great Vest Side Club of Chicago</u> Taxpayer's name</p> <p>2 <u>30-0266773</u> Taxpayer's identification number(s)</p>	<p>3 <u>1511 North Milwaukee Avenue</u> Taxpayer's street address</p> <p><u>Chicago Il 60622</u> City State ZIP</p>
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Step 2: Complete the following information

4 The taxpayer named above appoints the following to represent him before the Illinois Department of Revenue.

<p><u>Jack J. Esses</u> Name</p> <p><u>570 Lake Cook Road Suite 300</u> Name of firm</p> <p><u>Deerfield, Illinois 60015</u> Street address</p> <p><u>(847) 317-3654</u> City State ZIP</p> <p><u>jack.esses@rsmi.com</u> Daytime phone number</p> <p><u>Form AG990-II 2004-2007</u> E-mail address</p> <p><u>Specific tax type Year or period</u></p>	<p><u>William Woloshin</u> Name</p> <p><u>161 No Clark St Suite 2600</u> Name of firm</p> <p><u>Chicago, il 60601</u> Street address</p> <p><u>(312) 621-9700</u> City State ZIP</p> <p><u>wwoloshin@beermannlaw.com</u> Daytime phone number</p> <p><u>Form AG990-IL 2004-2007</u> E-mail address</p> <p><u>Specific tax type Year or period</u></p>	<p>_____ Name</p> <p>_____ Name of firm</p> <p>_____ Street address</p> <p>_____ City State ZIP</p> <p>_____ Daytime phone number</p> <p>_____ E-mail address</p> <p>_____ Specific tax type Year or period</p>
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5 The attorneys-in-fact named above shall have, subject to revocation, full power and authority to perform any act that the principals can and may perform, including the authority to receive confidential information.

The attorneys-in-fact named above **do not** have the power to – *Check only the items below you do not wish to grant.*

- _____ endorse or collect checks in payment of refunds.
- _____ receive checks in payment of any refund of Illinois taxes, penalties, or interest.
- _____ execute waivers (including offers of waivers) of restrictions on assessment or collection of deficiencies in tax and waivers of notice of disallowance of a claim for credit or refund.
- _____ execute consents extending the statutory period for assessments or collection of taxes.
- _____ delegate authority or substitute another representative.
- _____ file a protest to a proposed assessment.
- _____ execute offers in compromise or settlement of tax liability.
- _____ represent the taxpayer before the department in all proceedings including hearings (requiring representation by an attorney) pertaining to matters specified above.
- _____ obtain a private letter ruling on behalf of the taxpayer.
- _____ perform other acts (explain) _____

6 This power of attorney revokes all prior powers of attorney on file with the department with respect to the same matters and years or periods covered by this form, except for the following:

<p>_____ Name</p> <p>_____ Street address</p> <p>_____ City State ZIP</p> <p>_____ Daytime phone number</p> <p>_____ Date granted</p>	<p>_____ Name</p> <p>_____ Street address</p> <p>_____ City State ZIP</p> <p>_____ Daytime phone number</p> <p>_____ Date granted</p>	<p>_____ Name</p> <p>_____ Street address</p> <p>_____ City State ZIP</p> <p>_____ Daytime phone number</p> <p>_____ Date granted</p>
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7 Copies of notices and other written communications addressed to the taxpayer in proceedings involving the matters listed on the front of this form should be sent to the following:

Name	Name	Name
Street address	Street address	Street address
City State ZIP	City State ZIP	City State ZIP
Daytime phone number	Daytime phone number	Daytime phone number

Step 3: Taxpayer's signature

If signing as a corporate officer, partner, fiduciary, or individual on behalf of the taxpayer, I certify that I have the authority to execute this power of attorney on behalf of the taxpayer.

<i>Norman Lynn</i>	President	JUL 1 2008
Taxpayer's signature	Title, if applicable	Date
Spouse's signature	Title, if applicable	Date
If corporation or partnership, signature of officer or partner	Title, if applicable	Date

Step 4: Complete the following if the power of attorney is granted to an attorney, a certified public accountant, or an enrolled agent

I declare that I am not currently under suspension or disbarment and that I am

- a member in good standing of the bar of the highest court of the jurisdiction indicated below; or
- duly qualified to practice as a certified public accountant in the jurisdiction indicated below; or
- enrolled as an agent pursuant to the requirements of United States Treasury Department Circular Number 230.

Attorney	Illinois	<i>John J. Essig</i>	JUL 1 2008
Designation (attorney, C.P.A., enrolled agent)	Jurisdiction (state(s), etc.)	Signature	Date
Attorney	Illinois	<i>Allen J. Woloshin</i>	JUL 1 2008
Designation (attorney, C.P.A., enrolled agent)	Jurisdiction (state(s), etc.)	Signature	Date
Designation (attorney, C.P.A., enrolled agent)	Jurisdiction (state(s), etc.)	Signature	Date

Step 5: Complete the following if the power of attorney is granted to a person other than an attorney, a certified public accountant, or an enrolled agent

If the power of attorney is granted to a person other than an attorney, a certified public accountant, or an enrolled agent, this document must be witnessed or notarized below. Please check and complete one of the following.

Any person signing as or for the taxpayer

_____ is known to and this document is signed in the presence of the two disinterested witnesses whose signatures appear here.

Signature of witness	Date
Signature of witness	Date

_____ appeared this day before a notary public and acknowledged this power of attorney as his or her voluntary act and deed.

Signature of notary	Date
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Notary seal