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Form 990

Department of the Treasury
Internal Revenue ServiceAmended **3** **0606**
Return of Organization Exempt From Income TaxUnder section 501(c) 527 or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

OMB No 1545 0047

2005

Open to Public
Inspection

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

A For the 2005 calendar year or tax year beginning

JUL 1, 2005

and ending JUN 30, 2006

B Check if applicable

Please use IRS label or print or type <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE GREATER HUNTSVILLE ROTARY FOUNDATION	D Employer identification number 63-1196383
	Number and street (or P O box if mail is not delivered to street address) P O BOX 2284	Room/suite
	City or town state or country and ZIP + 4 HUNTSVILLE, AL 35804	E Telephone number 256-461-8630
		F Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> 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)

G Website ► **WWW / ROTARYCLUBGH. ORG**J Organization type (check only one) ► 501(c)(3) (insert no) 4947(a)(1) or 527K Check here ► if the organization's gross receipts are normally not more than \$25 000. The organization need not file a return with the IRS but if the organization chooses to file a return be sure to file a complete return. Some states require a complete returnL Gross receipts Add lines 6b 8b 9b and 10b to line 12 ► **127,043**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

1 Contributions gifts grants and similar amounts received	1a 18,579	1b	1c	1d 06252012 IRS - PHILA, PA 189,579
a Direct public support				
b Indirect public support				
c Government contributions (grants)				
d Total (add lines 1a through 1c) (cash \$ 18,579 noncash \$)				
2 Program service revenue including government fees and contracts (from Part VII line 93)	2			
3 Membership dues and assessments	3			
4 Interest on savings and temporary cash investments	4	690		
5 Dividends and interest from securities	5			
6 a Gross rents STATUTE UNIT b Less rental expenses RECEIVED	6a			
c Net rental income or (loss) (subtract line 6b from line 6a)	6b			
7 Other investment income (describe) JUN 26 2012	7			
8 a Gross amount from sales of assets other than inventory TPK BRANCH b Less cost or other basis and sales expenses OGDEN	(A) Securities	(B) Other		
c Gain or (loss) (attach schedule)	8a			
d Net gain or (loss) (combine line 8c columns (A) and (B))	8b			
	8c			
	8d			
9 Special events and activities (attach schedule) If any amount is from gaming check here ► <input type="checkbox"/>	9a 107,774	9b 71,589	9c 36,185	
a Gross revenue (not including \$ 0 of contributions reported on line 1a)	9a			
b Less direct expenses other than fundraising expenses	9b			
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10 a Gross sales of inventory less returns and allowances	10a			
b Less cost of goods sold	10b			
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11 Other revenue (from Part VII line 103) ACS SUPPORT	11			
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) GENERAL	12	55,454		
13 Program services (from line 44 column (B))	13	72,976		
14 Management and general (from line 44 column (C))	14			
15 Fundraising (from line 44 column (D))	15			
16 Payments to affiliates (attach schedule)	16			
17 Total expenses (add lines 16 and 44, column (A))	17	72,976		
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	-17,522		
19 Net assets or fund balances at beginning of year (from line 73 column (A))	19	62,946		
20 Other changes in net assets or fund balances (attach explanation)	20	0		
21 Net assets or fund balances at end of year (combine lines 18, 19 and 20)	21	45,424		G15

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

<i>Do not include amounts reported on line 6b 8b 9b 10b or 16 of Part I</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ 72,976 noncash \$ 0) If this amount includes foreign grants check here ► <input type="checkbox"/>	22 72,976	72,976	STATEMENT 2	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers directors etc	25 0	0	0	0
26 Other salaries and wages	26			
27 Pension plan contributions	27			
28 Other employee benefits	28			
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33			
34 Telephone	34			
35 Postage and shipping	35			
36 Occupancy	36			
37 Equipment rental and maintenance	37			
38 Printing and publications	38			
39 Travel	39			
40 Conferences conventions and meetings	40			
41 Interest	41			
42 Depreciation depletion etc (attach schedule)	42			
43 Other expenses not covered above (itemize)	43a			
a	43b			
b	43c			
c	43d			
d	43e			
e	43f			
f	43g			
g				
44 Total functional expenses Add lines 22 through 43 (Organizations completing columns (B) (D) carry these totals to lines 13 15)	44 72,976	72,976	0	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 \$ N/A (ii) the amount allocated to Program services \$ N/A

(iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A

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? ►	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)
TO PROVIDE HEALTH AND WELFARE NEEDS OF THE COMMUNITY	
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.)	
a GRANT TO LOCAL ALZHEIMERS ASSOCIATION IN SUPPORT OF THEIR PROGRAMS IN THE COMMUNITY	
(Grants and allocations \$ 20,000) If this amount includes foreign grants, check here ► <input type="checkbox"/> 20,000	
b GRANT TO CHILDREN OF HONDURAS PROJECT - PROVIDE AMBULANCE SERVICES TO THE NEEDY	
(Grants and allocations \$ 5,000) If this amount includes foreign grants, check here ► <input type="checkbox"/> 5,000	
c GRANT TO VICTIMS OF THAILAND TSUNAMI - WATER PURIFICATION PROJECT	
(Grants and allocations \$ 7,500) If this amount includes foreign grants, check here ► <input type="checkbox"/> 7,500	
d REAP - GRANTS TO LOCAL SCHOOLS FOR THE BENEFIT OF NEEDY STUDENTS TO ASSIST WITH MEDICAL AND WELFARE NEEDS	
(Grants and allocations \$ 26,778) If this amount includes foreign grants, check here ► <input type="checkbox"/> 26,778	
e Other program services (attach schedule) SEE STATEMENT 3	
(Grants and allocations \$ 13,698) If this amount includes foreign grants, check here ► <input type="checkbox"/> 13,698	
f Total of Program Service Expenses (should equal line 44 column (B) Program services)	► <input type="checkbox"/> 72,976

Form 990 (2005)

Part IV Balance Sheets (See the instructions)

		(A) Beginning of year		(B) End of year
	Note Where required attach schedules and amounts within the description column should be for end of year amounts only			
	45 Cash non interest bearing	47,590	45	29,557
	46 Savings and temporary cash investments	15,356	46	15,867
	47 a Accounts receivable	47a		
	b Less allowance for doubtful accounts	47b		47c
	48 a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b		48c
	49 Grants receivable			49
	50 Receivables from officers directors trustees and key employees			50
	51 a Other notes and loans receivable	51a		
	b Less allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges			53
	54 Investments securities			54
	55 a Investments land buildings and equipment basis	55a		
	b Less accumulated depreciation	55b		55c
	56 Investments other			56
	57 a Land buildings and equipment basis	57a		
	b Less accumulated depreciation	57b		57c
	58 Other assets (describe ►)			58
	59 Total assets (must equal line 74) Add lines 45 through 58	62,946	59	45,424
	60 Accounts payable and accrued expenses			60
	61 Grants payable			61
	62 Deferred revenue			62
	63 Loans from officers directors trustees and key employees			63
	64 a Tax exempt bond liabilities			64a
	b Mortgages and other notes payable			64b
	65 Other liabilities (describe ►)			65
	66 Total liabilities Add lines 60 through 65	0	66	0
	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	62,946	67	45,424
	68 Temporarily restricted			68
	69 Permanently restricted			69
	Organizations that do not follow SFAS 117 check here ► <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock trust principal or current funds			70
	71 Paid in or capital surplus or land building and equipment fund			71
	72 Retained earnings endowment accumulated income or other funds			72
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72 column (A) must equal line 19 column (B) must equal line 21)	62,946	73	45,424
	74 Total liabilities and net assets/fund balances Add lines 66 and 73	62,946	74	45,424

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions)

a	Total revenue gains and other support per audited financial statements		a	N/A
b	Amounts included on line a but not on Part I line 12			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify) _____	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	
d	Amounts included on Part I line 12 but not on line a			
1	Investment expenses not included on Part I line 6b	d1		
2	Other (specify) _____	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12) Add lines c and d		e	

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a: Total expenses and losses per audited financial statements	a	N/A
b: Amounts included on line a but not on Part I line 17	b1	
1 Donated services and use of facilities	b2	
2 Prior year adjustments reported on Part I line 20	b3	
3 Losses reported on Part I line 20	b4	
4 Other (specify) _____		
Add lines b1 through b4		
c: Subtract line b from line a		
d: Amounts included on Part I line 17 but not on line a		
1 Investment expenses not included on Part I line 6b	d1	
2 Other (specify) _____	d2	
Add lines d1 and d2		
e: Total expenses (Part I, line 17) Add lines c and d	►	

Part V-A **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee or key employee at any time during the year even if they were not compensated) (See the instructions)

(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 & deferred compensation plans	(E) Expense account and other allowances
<u>SEE STATEMENT 4</u>		0	0	0

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75 a Enter the total number of officers directors and trustees permitted to vote on organization business at board meetings ► **11**

b Are any officers directors trustees or key employees listed in Form 990 Part VA or highest compensated employees listed in Schedule A Part I or highest compensated professional and other independent contractors listed in Schedule A Part II A or II B related to each other through family or business relationships? If Yes attach a statement that identifies the individuals and explains the relationship(s)

c Do any officers directors trustees or key employees listed in Form 990 Part VA or highest compensated employees listed in Schedule A Part I or highest compensated professional and other independent contractors listed in Schedule A Part II A or II B receive compensation from any other organizations whether tax exempt or taxable that are related to this organization through common supervision or common control?

Note Related organizations include section 509(a)(3) supporting organizations
If Yes attach a statement that identifies the individuals explains the relationship between this organization and the other organization(s) and describes the compensation arrangements including amounts paid to each individual by each related organization

d Does the organization have a written conflict of interest policy?

Part V-B: Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other

Benefits (If any former officer director trustee or key employee received compensation or other benefits (described below) during the year list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Part VI. Other Information (See the *instructions*)

76	Did the organization engage in any activity not previously reported to the IRS? If Yes attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If Yes attach a conformed copy of the changes	77	X
78 a	Did the organization have unrelated business gross income of \$1 000 or more during the year covered by this return?	78a	X
b	If Yes, has it filed a tax return on Form 990 T for this year?		N/A
79	Was there a liquidation, dissolution, termination or substantial contraction during the year? If Yes attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization?	80a	X
b	If Yes, enter the name of the organization ► <u>N/A</u>		
81 a	Enter direct or indirect political expenditures (See line 81 instructions)	81a	0
b	Did the organization file Form 1120 POL for this year?	81b	X

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials equipment or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If Yes you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)	82b	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If Yes did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85	501(c)(4) (5) or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in house lobbying expenditures of \$2 000 or less?	85b	N/A
c	If Yes was answered to either 85a or 85b do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85c	N/A
d	Dues assessments and similar amounts from members	85d	N/A
e	Section 162(e) lobbying and political expenditures	85e	N/A
f	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85f	N/A
g	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85g	N/A
h	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85h	N/A
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts included on line 12 for public use of club facilities	86b	N/A
87	501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88	At any time during the year did the organization own a 50% or greater interest in a taxable corporation or partnership or an entity disregarded as separate from the organization under Regulations sections 301 7701 2 and 301 7701 3?	88	X
c	If Yes complete Part IX		
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ► 0 section 4912 ► 0 section 4955 ► 0	89b	X
b	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 become aware of an excess benefit transaction from a prior year? If Yes attach a statement explaining each transaction		
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912 4955 and 4958		0
d	Enter Amount of tax on line 89c above reimbursed by the organization		0
90 a	List the states with which a copy of this return is filed ► <u>NONE</u>	90b	0
b	Number of employees employed in the pay period that includes March 12 2005		
91 a	The books are in care of ► <u>RONALD WAINWRIGHT</u> Located at ► <u>152 HERITAGE LANE, MADISON, AL</u>	Telephone no ► 256-461-8630	
b	ZIP + 4 ► 35758		
c	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)? If Yes enter the name of the foreign country ► <u>N/A</u>	91b	X
See the instructions for exceptions and filing requirements for Form TD F 90 22 1 Report of Foreign Bank and Financial Accounts			
c	At any time during the calendar year did the organization maintain an office outside of the United States? If Yes enter the name of the foreign country ► <u>N/A</u>	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 Check here and enter the amount of tax exempt interest received or accrued during the tax year	92	N/A

Part VII Analysis of Income-Producing Activities (See the instructions)

Note Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt financed property					
b not debt financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B) (D) and (E))		0		36,875	0
105 Total (add line 104 columns (B) (D) and (E))					36,875

Note Line 105 plus line 1d Part I should equal the amount on line 12 Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions)

(A) Name, address and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End of year assets
	%			
N/A	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions)

(a) Did the organization during the year receive any funds directly or indirectly to pay premiums on a personal benefit contract?

 Yes No

(b) Did the organization during the year pay premiums directly or indirectly on a personal benefit contract?

 Yes No

Note If Yes to (b) file Form 8870 and Form 4720 (see instructions)

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	► Signature of officer	Date	► Type or print name and title	
Paid Preparer's Use Only	Preparer's signature	Date	Check if self employed ► <input type="checkbox"/>	Preparer's SSN or PTIN
523163 02 03 08	Firm's name (or yours if self employed) address and ZIP + 4		EIN ►	
			Phone no ►	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

OMB No 1545 0047

(Except Private Foundation and Section 501(e) 501(f) 501(k)
501(n) or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions)

► MUST be completed by the above organizations and attached to their Form 990 or 990 EZ

2005

Name of the organization

THE GREATER HUNTSVILLE ROTARY FOUNDATION

Employer identification number

63 1196383

Part I

Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none enter None)

(a) Name and address of each employee paid more than \$50 000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$50 000	► 0	-----	-----	-----

Part II-A

Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions List each one (whether individuals or firms) If there are none enter None)

(a) Name and address of each independent contractor paid more than \$50 000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50 000 for professional services	► 0	-----

Part II-B

Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services whether individuals or firms If there are none enter None See page 2 of the instructions)

(a) Name and address of each independent contractor paid more than \$50 000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50 000 for other services	► 0	-----

Part III **Statements About Activities** (See page 2 of the instructions)

		Yes	No
1	During the year has the organization attempted to influence national state or local legislation including any attempt to influence public opinion on a legislative matter or referendum? If Yes enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38 Part VI A or line 1 of Part VI B)	1	X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI A Other organizations checking 'Yes' must complete Part VI B AND attach a statement giving a detailed description of the lobbying activities		
2	During the year has the organization either directly or indirectly engaged in any of the following acts with any substantial contributors trustees directors officers creators key employees or members of their families or with any taxable organization with which any such person is affiliated as an officer director trustee majority owner or principal beneficiary? (If the answer to any question is Yes attach a detailed statement explaining the transactions)		
a	Sale exchange or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods services or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1'000)?	2d	X
e	Transfer of any part of its income or assets?	2e	X
3a	Do you make grants for scholarships fellowships student loans etc? (If Yes attach an explanation of how you determine that recipients qualify to receive payments)	3a	X
b	Do you have a section 403(b) annuity plan for your employees?	3b	X
c	During the year did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	X
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

Part IV **Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box)

5	<input type="checkbox"/> A church convention of churches or association of churches Section 170(b)(1)(A)(i)
6	<input type="checkbox"/> A school Section 170(b)(1)(A)(ii) (Also complete Part V)
7	<input type="checkbox"/> A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
8	<input type="checkbox"/> A Federal state or local government or governmental unit Section 170(b)(1)(A)(v)
9	<input type="checkbox"/> A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(vi) Enter the hospital's name city and state ► _____
10	<input type="checkbox"/> An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(vii) (Also complete the Support Schedule in Part IV A)
11a	<input checked="" type="checkbox"/> An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(viii) (Also complete the Support Schedule in Part IV A)
11b	<input type="checkbox"/> A community trust Section 170(b)(1)(A)(ix) (Also complete the Support Schedule in Part IV A)
12	<input type="checkbox"/> An organization that normally receives (1) more than 33 1/3% of its support from contributions membership fees and gross receipts from activities related to its charitable etc functions subject to certain exceptions and (2) no more than 33 1/3% 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) (Also complete the Support Schedule in Part IV A)
13	<input type="checkbox"/> An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above or (2) sections 501(c)(4) (5) or (6) if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization ► <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 3

Provide the following information about the supported organizations (See page 6 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

Part IV-A **Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting
Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total	
15 Gifts, grants and contributions received (Do not include unusual grants. See line 28.)	41,700	3,250		1,030	45,980	
16 Membership fees received						
17 Gross receipts from admissions merchandise sold or services performed or furnishing of facilities in any activity that is related to the organization's charitable etc. purpose	81,887	26,537	45,769	4,422	158,615	
18 Gross income from interest dividends amounts received from payments on securities loans (section 512(a)(5)) rents royalties and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	253	221	353	638	1,465	
19 Net income from unrelated business activities not included in line 18						
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge						
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets						
23 Total of lines 15 through 22	123,840	30,008	46,122	6,090	206,060	
24 Line 23 minus line 17	41,953	3,471	353	1,668	47,445	
25 Enter 1% of line 23	1,238	300	461	61		
26 Organizations described on lines 10 or 11	<p>a Enter 2% of amount in column (e) line 24</p> <p>b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts</p> <p>c Total support for section 509(a)(1) test Enter line 24 column (e)</p> <p>d Add Amounts from column (e) for lines 18 1,465 19</p> <p>22 26b</p> <p>e Public support (line 26c minus line 26d total)</p> <p>f Public support percentage (line 26e (numerator) divided by line 26c (denominator))</p>					<p>► 26a 949</p> <p>► 26b 0</p> <p>► 26c 47,445</p> <p>► 26d 1,465</p> <p>► 26e 45,980</p> <p>► 26f 96 9122%</p>
27 Organizations described on line 12	<p>a For amounts included in lines 15, 16 and 17 that were received from a disqualified person prepare a list for your records to show the name of and total amounts received in each year from each disqualified person. Do not file this list with your return. Enter the sum of such amounts for each year N/A</p> <p>(2004) (2003) (2002) (2001)</p> <p>b For any amount included in line 17 that was received from each person (other than disqualified persons) prepare a list for your records to show the name of and amount received for each year that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2) enter the sum of these differences (the excess amounts) for each year N/A</p> <p>(2004) (2003) (2002) (2001)</p> <p>c Add Amounts from column (e) for lines 15 16</p> <p>17 20 21 and line 27b total</p> <p>d Add Line 27a total</p> <p>e Public support (line 27c total minus line 27d total)</p> <p>f Total support for section 509(a)(2) test Enter amount on line 23 column (e) ► 27f N/A</p> <p>g Public support percentage (line 27e (numerator) divided by line 27f (denominator))</p> <p>h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</p>					<p>► 27c N/A</p> <p>► 27d N/A</p> <p>► 27e N/A</p> <p>► 27f N/A %</p> <p>► 27g N/A %</p> <p>► 27h N/A %</p>
28 Unusual Grants	<p>For an organization described in line 10, 11 or 12 that received any unusual grants during 2001 through 2004 prepare a list for your records to show for each year the name of the contributor the date and amount of the grant and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15</p>					

Part V Private School Questionnaire (See page 7 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter bylaws other governing instrument or in a resolution of its governing body?

30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures catalogues and other written communications with the public dealing with student admissions programs and scholarships?

31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students or during the registration period if it has no solicitation program in a way that makes the policy known to all parts of the general community it serves?

If Yes please describe if No please explain (If you need more space attach a separate statement)

	Yes	No
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32 Does the organization maintain the following

- a Records indicating the racial composition of the student body faculty and administrative staff?
- b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c Copies of all catalogues brochures announcements and other written communications to the public dealing with student admissions programs and scholarships?
- d Copies of all material used by the organization or on its behalf to solicit contributions?

If you answered No to any of the above please explain (If you need more space attach a separate statement)

33 Does the organization discriminate by race in any way with respect to

- a Students rights or privileges?
- b Admissions policies?
- c Employment of faculty or administrative staff?
- d Scholarships or other financial assistance?
- e Educational policies?
- f Use of facilities?
- g Athletic programs?
- h Other extracurricular activities?

If you answered Yes to any of the above please explain (If you need more space attach a separate statement)

34 a Does the organization receive any financial aid or assistance from a governmental agency?

b Has the organization's right to such aid ever been revoked or suspended?

If you answered Yes to either 34a or b please explain using an attached statement

35 Does the organization certify that it has complied with the applicable requirements of sections 401 through 405 of Rev Proc 75-50 1975-2 C B 587 covering racial nondiscrimination? If No attach an explanation

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check a if the organization belongs to an affiliated group Check b if you checked a and limited control provisions apply

Limits on Lobbying Expenditures

(The term expenditures means amounts paid or incurred)

36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	N/A
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table	41	
If the amount on line 40 is	The lobbying nontaxable amount is	
Not over \$500 000	20% of the amount on line 40	
Over \$500 000 but not over \$1 000 000	\$100 000 plus 15% of the excess over \$500 000	
Over \$1 000 000 but not over \$1 500 000	\$175 000 plus 10% of the excess over \$1 000 000	
Over \$1 500 000 but not over \$17 000 000	\$225 000 plus 5% of the excess over \$1 500 000	
Over \$17 000 000	\$1 000 000	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter 0 if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter 0 if line 41 is more than line 38	44	

Caution If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4 Year Averaging Period				N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	
45 Lobbying nontaxable amount					0
46 Lobbying ceiling amount (150% of line 45(e))					0
47 Total lobbying expenditures					0
48 Grassroots nontaxable amount					0
49 Grassroots ceiling amount (150% of line 48(e))					0
50 Grassroots lobbying expenditures					0

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI A) (See page 11 of the instructions)

N/A

During the year did the organization attempt to influence national state or local legislation including any attempt to

influence public opinion on a legislative matter or referendum through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members legislators or the public
- e Publications or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators their staffs government officials or a legislative body
- h Rallies demonstrations seminars conventions speeches lectures or any other means
- i Total lobbying expenditures (Add lines c through h)

If Yes to any of the above also attach a statement giving a detailed description of the lobbying activities

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 12 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527 relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

- (i) Cash
- (ii) Other assets

b Other transactions

- (i) Sales or exchanges of assets with a noncharitable exempt organization
- (ii) Purchases of assets from a noncharitable exempt organization
- (iii) Rental of facilities equipment or other assets
- (iv) Reimbursement arrangements
- (v) Loans or loan guarantees
- (vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities equipment mailing lists other assets or paid employees

d If the answer to any of the above is 'Yes' complete the following schedule. Column (b) should always show the fair market value of the goods other assets or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement show in column (d) the value of the goods other assets or services received

Yes **No**

51a(i)	X
a(ii)	X
b(i)	X
b(ii)	X
b(iii)	X
b(iv)	X
b(v)	X
b(vi)	X
c	X

N/A

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers transactions and sharing arrangements
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FORM 990

SPECIAL EVENTS AND ACTIVITIES

STATEMENT 1

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
ROTARY GALA	107,774		107,774	71,589	36,185
TO FM 990, PART I, LINE 9	107,774		107,774	71,589	36,185

FORM 990

CASH GRANTS AND ALLOCATIONS

STATEMENT 2

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
	ALZHEIMERS ASSOCIATION	3322 MEMORIAL PARKWAY, HUNTSVILLE, AL	NONE	20,000
	REAP		NONE	26,778
	CHILDREN ON HONDURAS		NONE	5,000
	THAILAND TSUNAMI RELIEF		NONE	7,500
	LEE HIGH DRAMA DEPARTMENT	HUNTSVILLE, AL 35801	NONE	5,000
	HURICANE KATRINA RELIEF		NONE	4,648
	VARIOUS		NONE	4,050
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				72,976

FORM 990

OTHER PROGRAM SERVICES

STATEMENT 3

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
ARMY FAMILY ASSISTANCE PROGRAM	750	750
HURRICANE KATRINA RELIEF	4,648	4,648
SHELTER BOX PROJECT	1,800	1,800
MADISON COUNTY DRINKING WATER FESTIVAL	500	500
LEE HIGH SCHOOL DRAMA DEPARTMENT	5,000	5,000
BBB ETHICS PROJECT	1,000	1,000
TOTAL TO FORM 990, PART III, LINE E	13,698	13,698

FORM 990

PART V-A - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 4

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
CHARLES W GREER 7103 LOST POND CIRCLE OWENS CROSS ROADS, HUNTSVILLE, AL 357	VICE-PRESIDENT 0 00	0	0	0
RONALD WAINWRIGHT 152 HERITAGE LANE MADISON, AL 35758	TREASURER 2 00	0	0	0
DAVE HARGROVE 620 DISCOVERY DRIVE NW HUNTSVILLE, AL 35806	PRESIDENT 2 00	0	0	0
GARY ANDREW 1101 SHADES CIR HUNTSVILLE, AL 35803	BOARD MEMBER 1 00	0	0	0
KEN FAULK 3204 WELLSTONE LN OWENS CROSS ROADS, HUNTSVILLE, AL 357	BOARD MEMBER 0 00	0	0	0
DAWN REYNOLDS 4681 RESEARCH BLVD HUNTSVILLE, AL 35806	BOARD MEMBER 0 00	0	0	0

THE GREATER HUNTSVILLE ROTARY FOUNDATION

63-1196383

JOE ALEXANDER 1801 MOUNTAINBROOK DR HUNTSVILLE, AL 35801	BOARD MEMBER 0 00	0	0	0
MIKE BOYD 708 MIRA VIST DRIVE HUNTSVILLE, AL 35802	BOARD MEMBER 0 00	0	0	0
CAMILLA CANTY 8000 MADISON BLVD MADISON, AL 35758	SECRETARY 0 00	0	0	0
PAUL, FREEMAN 724 TANNAHILL DR HUNTSVILLE, AL 35802	BOARD MEMBER 0 00	0	0	0
JOHN RIETZELL 1002 EXPLORER BLVD HUNTSVILLE, AL 35806	BOARD MEMBER 0 00	0	0	0

TOTALS INCLUDED ON FORM 990, PART V-A

0	0	0