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Amended ③

0606

OMB No 1545 0047

2005

Open to Public Inspection

Form 990

# 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)

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

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization

THE GREATER HUNTSVILLE ROTARY FOUNDATION

Number and street (or P O box if mail is not delivered to street address)

P O BOX 2284

City or town state or country and ZIP + 4

HUNTSVILLE, AL 35804

D Employer identification number

63-1196383

E Telephone number

256-461-8630

F Accounting method ☒ Cash ☐ Accrual ☐ 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)

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If Yes enter number of affiliates ☐ N/A

H(c) Are all affiliates included? ☐ N/A ☐ Yes ☐ No (If No attach a list)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ☐ N/A

M Check ☐ if the organization is not required to attach Sch B (Form 990 990-EZ or 990-PF)

G Website WWW/ROTARYCLUBGH.ORG

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

K 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 return.

L 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

RECEIVED

1	Contributions gifts grants and similar amounts received			
a	Direct public support	1a	18,579	
b	Indirect public support	1b		
c	Government contributions (grants)	1c		
d	Total (add lines 1a through 1c) (cash \$ 18,579 noncash \$ )	1d	18,579	
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		
6a	Gross rents	6a		
b	Less rental expenses	6b		
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7	Other investment income (describe )	7		
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other
b	Less cost or other basis and sales expenses	8a		
c	Gain or (loss) (attach schedule)	8b		
d	Net gain or (loss) (combine line 8c columns (A) and (B))	8c		
8d		8d		
9	Special events and activities (attach schedule) If any amount is from gaming check here <input type="checkbox"/>			
a	Gross revenue (not including \$ 0 of contributions reported on line 1a)	9a	107,774	
b	Less direct expenses other than fundraising expenses	9b	71,589	
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	36,185	
10a	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)	11		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	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 13 and 14, 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	

533001 02 03 08

LHA For Privacy Act and Paperwork Reduction Act Notice see the separate instructions

Form 990 (2005)

NO STATEMENT  
Kathy M Gallegos  
0436558083

JUL 12 2006

SCANNED JUL 16 2012 0126

06252012

IRS-PHILA, PA  
18,579

STATUTE UNIT  
RECEIVED

JUL 11 2012  
TYPING BRANCH  
OGDEN

RECEIVED

JUN 26 2012

ACS SUPPORT  
CENTRAL

G15  
2

**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.

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

**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.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for 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 ► ☐

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 ► ☐

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 ► ☐

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 ► ☐

26,778

**e Other program services (attach schedule) SEE STATEMENT 3**

(Grants and allocations \$ 13,698 ) If this amount includes foreign grants, check here ► ☐

13,698

**f Total of Program Service Expenses** (should equal line 44 column (B) Program services) ►

72,976

Form 990 (2005)

**Part IV Balance Sheets** (See the instructions.)**Note** Where required, attached schedules and amounts within the description column should be for end of year amounts only.

		(A) Beginning of year	(B) End of year
<b>Assets</b>	45 Cash non interest bearing	47,590	29,557
	46 Savings and temporary cash investments	15,356	15,867
	47 a Accounts receivable	47a	47c
	b Less allowance for doubtful accounts	47b	47c
	48 a Pledges receivable	48a	48c
	b Less allowance for doubtful accounts	48b	48c
	49 Grants receivable	49	49
	50 Receivables from officers, directors, trustees and key employees	50	50
	51 a Other notes and loans receivable	51a	51c
	b Less allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use	52	52
	53 Prepaid expenses and deferred charges	53	53
	54 Investments securities	54	54
	55 a Investments land buildings and equipment basis	55a	55c
	b Less accumulated depreciation	55b	55c
56 Investments other	56	56	
57 a Land buildings and equipment basis	57a	57c	
b Less accumulated depreciation	57b	57c	
58 Other assets (describe )	58	58	
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58	62,946	45,424	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	60	60
	61 Grants payable	61	61
	62 Deferred revenue	62	62
	63 Loans from officers, directors, trustees and key employees	63	63
	64 a Tax exempt bond liabilities	64a	64a
	b Mortgages and other notes payable	64b	64b
65 Other liabilities (describe )	65	65	
66 <b>Total liabilities</b> Add lines 60 through 65	0	0	
<b>Net Assets or Fund Balances</b>	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	45,424
	68 Temporarily restricted	68	68
	69 Permanently restricted	69	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	70
	71 Paid in or capital surplus or land building and equipment fund	71	71
	72 Retained earnings, endowment, accumulated income or other funds	72	72
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72 column (A) must equal line 19 column (B) must equal line 21)	62,946	45,424
	74 <b>Total liabilities and net assets/fund balances</b> Add lines 66 and 73	62,946	45,424





**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	N/A	
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	
	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.			
c	Dues, assessments, and similar amounts from members	85c	N/A	
d	Section 162(e) lobbying and political expenditures	85d	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	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? If Yes, complete Part IX	88		X
89 a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>			
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.	89b		X
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>			
b	Number of employees employed in the pay period that includes March 12, 2005	90b	0	
91 a	The books are in care of <u>RONALD WAINWRIGHT</u> Telephone no <u>256-461-8630</u> Located at <u>152 HERITAGE LANE, MADISON, AL</u> ZIP + 4 <u>35758</u>			
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)? If Yes, enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1 Report of Foreign Bank and Financial Accounts	91b		X
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 <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u>		N/A	

Form 990 (2005)



**Part VII Analysis of Income-Producing Activities** (See the instructions.)**Note** Enter gross amounts unless otherwise indicated

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))

105 Total (add line 104, columns (B), (D), and (E))

**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).

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.

Please Sign Here	Signature of officer	Date	Type or print name and title
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
Paid Preparer's Use Only	Firm's name (or yours if self-employed)	EIN	Preparer's SSN or PTIN
	Address and ZIP + 4	Phone no.	

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(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**

OMB No 1545-0047

**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) 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	1	X
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
3 a 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
4 a 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 ☐ A church convention of churches or association of churches Section 170(b)(1)(A)(i)
- 6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 ☐ A Federal state or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name city and state ► \_\_\_\_\_
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV A)
- 11a ☒ 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)(vi) (Also complete the **Support Schedule** in Part IV A)
- 11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A)
- 12 ☐ 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 ☐ 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 ► ☐ Type 1 ☐ Type 2 ☐ 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: a. Enter 2% of amount in column (e), line 24.					949
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.					0
c. Total support for section 509(a)(1) test. Enter line 24, column (e).					47,445
d. Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____	1,465				1,465
e. Public support (line 26c minus line 26d total).					45,980
f. Public support percentage (line 26e (numerator) divided by line 26c (denominator)).					96.9122%
27 Organizations described on line 12: 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					
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					
c. Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					N/A
d. Add: Line 27a total _____ and line 27b total _____					N/A
e. Public support (line 27c total minus line 27d total).					N/A
f. Total support for section 509(a)(2) test. Enter amount on line 23, column (e).					N/A
g. Public support percentage (line 27e (numerator) divided by line 27f (denominator)).					N/A %
h. Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).					N/A %

28 Unusual Grants. 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.

**Part V Private School Questionnaire** (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
<b>29</b> 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?		
<b>30</b> 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?		
<b>31</b> 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.)		
<b>32</b> Does the organization maintain the following:		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b> 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.)		
<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges?		
<b>b</b> Admissions policies?		
<b>c</b> Employment of faculty or administrative staff?		
<b>d</b> Scholarships or other financial assistance?		
<b>e</b> Educational policies?		
<b>f</b> Use of facilities?		
<b>g</b> Athletic programs?		
<b>h</b> Other extracurricular activities? If you answered Yes to any of the above, please explain. (If you need more space, attach a separate statement.)		
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</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.		
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 CB 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)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
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		
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 (e) Total
	(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)

Yes	No	Amount
		0

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



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
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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
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