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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

2008

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoning organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990 All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

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

Open to Public Inspection

| A For the 2008 calendar year, or tax year beginning 7/01 , 2008, and ending 6/30 , 2009 B Check if applicable Please C |
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| Address change Name change Nam |
| Name change Table for types Table for the types Table for th |
| Termination |
| Specific transmitted Specific transmitte |
| *Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Website: N/A |
| * Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Website: N/A |
| The structions for Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory be contributions control incomplete expenses of the incomplete government for Schedule G). If any amount is fromgaming, check here a Gross revenue (not including \$ of contributions reported on line 1) b Less direct expenses other than fundraising expenses 6b less cost or other basis and subject than fundraising expenses 6b less cost or other basis and sales expenses of contributions reported on line 1) less direct expenses other than fundraising expenses 6b less cost or expenses other than fundraising expenses 6b less cost or expenses other than fundraising expenses 6b less cost or expenses other than fundraising expenses 6c less cost or expenses other than fundraising expenses 6c less cost or expenses other than fundraising expenses 6c less cost or expenses other than fundraising expenses 6c less cost or expenses other than fundraising expenses 6c less cost or expense other than fundraising expenses 6c less cost or expense other than fundraising expenses 6c less cost or expense other than fundraising expenses 6c less cost or expense other than fundraising expenses 6c less cost or expense other than fundraising expenses 6c less cost or expense other than fundraising expenses 6c less cost or expense of the fundraising expenses 6c less cost or expense of the fundraising expenses fund at the cost of the cost of the cost of the cost o |
| Website: ► N/A J Organization type (check only one) — X 501(c) (3) ◄ (insert no) 4947(a)(1) or 527 K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 Fart I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a) (att sch) 6 Special events and activities (complete applicable parts of Schedule G). If any amount is fromgaming, check here Form 990 Form |
| Check If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return. Ladd lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. See the instructions for Part |
| \$25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a) (att sch) C Special events and activities (complete applicable parts of Schedule G). If any amount is fromgaming, check here a Gross revenue (not including \$ |
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| Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I 1 21,9 21,9 2 2 2 2 2 2 2 3 3 3 |
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| b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a) (att sch) 6 Special events and activities (complete applicable parts of Schedule G). If any amount is fromgaming, check here a Gross revenue (not including \$ of contributions reported on line 1) b Less direct expenses other than fundraising expenses 6 b 15,028. |
| C Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a) (att sch) 6 Special events and activities (complete applicable parts of Schedule G). If any amount is fromgaming, check here a Gross revenue (not including \$ of contributions reported on line 1) b Less direct expenses other than fundraising expenses 6 b 15,028. |
| 6 Special events and activities (complete applicable parts of Schedule G). If any amount is fromgaming, check here a Gross revenue (not including \$ of contributions reported on line 1) b Less direct expenses other than fundraising expenses 6 22,471. |
| reported on line 1) b Less direct expenses other than fundraising expenses 6a 22,471. 6b 15,028. |
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| reported on line 1) b Less direct expenses other than fundraising expenses 6a 22,471. 6b 15,028. |
| b Less direct expenses other than fundraising expenses 6b 15,028. |
| |
| c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c 7, 4 |
| 7a Gross sales of inventory, less returns and allowances 7a |
| b Less cost of goods sold. |
| c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) |
| 8 Other revenue (describe > |
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| |
| E 11 Benefits paid to or for members. |
| 12 Salaries, other compensation, and employee benefits 12 PECE |
| E 13 Professional fees and other payments to independent contractors 13 |
| 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe > See Statement 2 17 Total expenses (add lines 10 through 16) 11 |
| 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 15 Printing, publications, postage, and shipping |
| 16 Other expenses (describe > See Statement 2 / 2/09 /G/) 16 2,0 |
| 17 Total expenses (add lines 10 through 16) 18 Evense or (defail) for the year (Subtreet line 17 from line 3) 19 19 19 19 19 19 19 19 19 19 19 19 19 1 |
| 1 10 Conserve of Alabard Contract Contract Inc. 17 from Inc. 70 Till 1911 |
| |
| N \$ 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). |
| Net assets or fund balances at beginning of year (from line 27, column (A)) (must/agree with end-of-year figure reported on prior year's return). 19 20 Other changes in net assets or fund balances (attach explanation) |
| Net assets or fund balances at beginning of year (from line 27, column (A)) (must/agree with end-of-year figure reported on prior year's return). 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 12, |
| Net assets or fund balances at beginning of year (from line 27, column (A)) (must/agree with end-of-year figure reported on prior year's return). 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 22 21 12, ! Part Balance Sheets, if Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ |
| Net assets or fund balances at beginning of year (from line 27, column (A)) (must/agree with end-of-year figure reported on prior year's return). Other changes in net assets or fund balances (attach explanation) Net assets or fund balances at end of year Combine lines 18 through 20 Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year (B) End of year |
| Net assets or fund balances at beginning of year (from line 27, column (A)) (must/agree with end-of-year figure reported on prior year's return). Other changes in net assets or fund balances (attach explanation) Net assets or fund balances at end of year Combine lines 18 through 20 Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year (B) End of year Cash, savings, and investments |
| figure reported on prior year's return). Other changes in net assets or fund balances (attach explanation) Net assets or fund balances at end of year Combine lines 18 through 20 Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year (B) End of year 22 Cash, savings, and investments |
| 23 Land and buildings 23 |
| 23 Land and buildings 23 24 Other assets (describe ► See Statement 3) 24 10,5 |
| 23 Land and buildings 23 |

| | 1990-EZ(2008) Twilight Rotary | Charitable Fund 1 | Inc | | 417 | 9657 Page 2 |
|--------|---|-------------------------------------|--------------------------|------------------------|--------|--|
| Par | | | s (See the instruct | ions.) | | Expenses |
| What i | is the organization's primary exempt purpose? See | e Statement 4 | | | (Requ | ured for 501(c)(3) |
| Desc | cribe what was achieved in carrying out the ribe the services provided, the number of | organization's exempt purpo | ses In a clear and con- | cise manner, | and (4 | 4) organizations and (a)(1) trusts, optional |
| progr | ram title | persons benefited, or other re | ievani information for e | acn f | or ot | hers) |
| 28 | The organization assisted | d several youth gr | oups and schoo | ls, | | |
| | provided assistance to se | | | | | |
| | support for the local po | | | | | |
| | | is amount includes foreign gra | | | 28a | 866. |
| 29 | (0.0.0.4 | | | | | |
| | | | · | | | |
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| | (Grants \$) If th | s amount includes foreign gra | | | 29 a | |
| 30 | (Grants 2) II til | is amount includes loreign gra | arits, check here | | 29a | |
| 30 | | | | | | |
| | | | | | | |
| | (Cranto & | | | | 20- | |
| 21 | (Grants \$) If the Other program services (attach schedule | is amount includes foreign gra | ants, check here | | 30 a | |
| 31 | |) is amount includes foreign gra | ante chack hara | ►□ | 31 a | |
| 32 | Total program service expenses (add line | | ants, check here | | 32 | 866. |
| | rt IV List of Officers, Directors | | nlovees (List each | | | |
| r ar | List of Officers, Directors | (b) Title and average hours | (c) Compensation (If | (d) Contributions to | | (e) Expense account |
| | (a) Name and address | per week devoted | not paid, enter -0) | employee benefit plans | | and other allowances |
| | | to position | | deferred compensation | on | |
| | aig Bryan | President | 0. | | 0. | 0. |
| PO_ | Box 2085 | 1.00 | | | | |
| Fai | irfield, CA 94533 | | , | | | |
| Kev | vin Johnson | Vice President | 0. | | 0. | 0. |
| PO | Box 2085 | 1.00 | | | | |
| Fai | irfield, CA 94533 | | | | | |
| Dar | rrin Berardi | Secretary | 0. | | 0. | 0. |
| | Box 2085 | 1.00 | | | | |
| | irfield, CA 94533 | | | | 1 | |
| | e Trigueiro | Treasurer | 0. | | 0. | 0. |
| | Box 2085 | 1.00 | | | | |
| | irfield, CA 94533 | | | | ļ | |
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| BAA | | TEEA0812L (| 01/14/09 | | | Form 990-EZ (2008) |

| | · · · · · · · · · · · · · · · · · · · | | Yes | No |
|------|---|--------------|-----------------|------------|
| 33 | Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of | | | |
| 34 | each activity Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes | 33 34 | | <u>X</u> |
| | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), butnot reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T. | | | |
| a | Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? | 35 a | | Х |
| b | If 'Yes,' has it filed a tax return on Form 990-T for this year? | 35 b | | <u> </u> |
| 36 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N | 36 | | Х |
| 37 a | Enter amount of political expenditures, direct or indirect, as described in the instructions | | | |
| b | Did the organization file Form 1120-POL for this year? | 37 b | | X |
| 38 a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employeeor were any such loans made in a prior year and still unpaid at the start of the period covered by this return? | 38a | | X |
| b | If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A | | | |
| 39 | 501(c)(7) organizations. Enter | | | |
| | Initiation fees and capital contributions included on line 9 39a N/A | | | |
| | Gross receipts, included on line 9, for public use of club facilities [39b] N/A | | | |
| 40 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. | * | | |
| _ | | ļ. <u> </u> | | |
| 0 | 501(c)(3) and (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,' complete Schedule L, Part I | 40 ь | | Х |
| c | Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | × | * ! | |
| d | Enter amount of tax on line 40c reimbursed by the organization 0. | | ٠ | |
| е | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T | 40 e | | X |
| 41 | List the states with which a copy of this return is filed CA | | | |
| | The books are in care of Doe Triqueiro Located at 3038 Miller Drive Fairfield CA 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. | 02-0 42b | 333_ Yes | No X |
| c | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U S? If 'Yes,' enter the name of the foreign country. | 42c | | Х |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year | | ► [] | N/A N/A |
| 44 | Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ | 44 | Yes | No X |
| 45 | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ | 45 | | X |
| BAA | | rm 99 | 0-EZ | |

| | Z (2008) Twilight Rotary Ch | | | | 20-4179 | | P | age 4 |
|------------------|--|--|--|-------------------------------------|---|---------------------------------------|---------------|-------------|
| Part VI | Section 501(c)(3) organization and complete the tables for lin | s only. All section es 50 and 51. | 501(c)(3) or | ganization | s must answer o | | | 49 |
| 46 Did th | ne organization engage in direct or indirect iblic office? If 'Yes,' complete Schedule C | t political campaign acti | vities on behalf | of or in oppo | · | | Yes | No |
| - | | | | | | 46 | | <u>X</u> |
| | ie organization engage in lobbying activiti | • | | | | 47 | | _X |
| | organization operating a school as descri | | | • | chedule E | 48 | | <u>_X</u> _ |
| | ie organization make any transfers to an | · | elated organizati | on? | | 49 a | | _X_ |
| b If 'Yes | s,' was the related organization(s) a secti | on 527 organization? | | | | 49 b | | |
| 50 Comp | elete this table for the five highest comper yed more than \$100,000 of compensation | nsated employees (other from the organization l | than officers, di f there is none, e | rectors, trus enter 'None ' | tees and key employ | ees) who | each | |
| (a) N | Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensat | 1 '' | ontributions to employee benefit plans and erred compensation | (e) Ex accourt other all | nt and | 5 |
| None | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| Cotal number of | of other employees paid over \$100,000 | | | | | | | |
| - | elete this table for the five highest compe | nsated independent cont | ractors who eacl | h received m | nore than \$100,000 o | f compens | sation | |
| from | the organization If there is none, enter 'N | lone ' | | | | | | |
| None | (a) Name and address of each independent cont | | | (b) 1y | pe of service | (c) Comp | erisatio | |
| | | <u> </u> | | | | | | |
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| Total numb | er of other independent contractors received | | • | | | | | |
| | Under penalties of perjury, I declare that I have exa true coysect, and complete Declaration of preparer | mined this return, including acc (other than officer) is based or | companying schedule n all information of wi | es and statemen hich preparer ha | ts, and to the best of my kins any knowledge | nowledge an | d belief | it is |
| Sign Here | Signature of officer | Bourn! | Para | _ | Pate // Loc | 9 | | |
| | Type or print name and title | | PRESION | , | | | | |
| Paid Pre- | Preparer's signature Andrew T. Suihk | tullionen | Date NOV | 2 4 2009 | Check if self-employed > X N/ | parer's Identi e instructions A | fying Ni) | ımber |
| pre- parer's | Firm's name (or Suihkonen CPAs | | | | | | | |
| Jse | yours if selfemployed), > 190 South Orcha | rd # B123 | | | EIN N | /A | | |
| Only | address, and Vacaville, CA 9 | 5688 | | | Phone no ► (707 |) 455- | 8010 |) |
| May the IRS | S discuss this return with the preparer shi | | tions | | | ►X Yes | | |

Form **990-EZ** (2008)

BAA

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Total

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Employer identification number Twilight Rotary Charitable Fund Inc 20-4179657 Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is (Please check only one organization) A church, convention of churches or association of churches described insection 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described insection 5 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 7 X 8 community trust described in section 170(b)(1)(A)(vi).(Complete Part II) An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts 9 from activities related to its exempt 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), (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4), (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) Seesection 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type III - Functionally integrated Type III- Other Type I Type II d By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization? 11 g (i) a family member of a person described in (i) above? <u>11 g (ii)</u> a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the organizations the organization supports h (v) Did you notify the organization in col (i) of your support? (i) Name of Supported (II) EIN (iii) Type of organization (iv) Is the (vii) Amount of Support (vi) Is the (described on lines 1-9 above or IRC section (see instructions)) organization in col (i) listed in your governing document? organization in col (i) organized in the US? Organization Yes No Yes Yes No No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year (c) 2006 (e) 2008 (a) 2004 (b) 2005 (d) 2007 (f) Total beginning in) Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.') 21,920 21,920. Tax revenues levied for the organization's benefit and either paid to it or expended 0. on its behalf 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 0. the public without charge. 0 0 21,920 21,920. Total. Add lines 1-3 0 0 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 0. Public support. Subtract line 5 s from line 4 21,920. Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 0. 0. 21,920 21,920. 7 Amounts from line 4 0. 0. Gross income from interest, dividends, payments received on securities loans, rents, rovalties and income form 0. sımılar sources Net income form unrelated business activities, whether or not the business is regularly carried on 0. Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV) 0. Total support. Add lines 7 through 10 21,920. Gross receipts from related activities, etc. (see instructions) 12 0. First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) **►** X organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f) % 14 15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f 15 % 16a 33-1/3 support test - 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support test – 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test— 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test- 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

18

Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

| Schedule A (Form 990 or 990-EZ) 2008 | Twilight | Rotary Cha | aritable Fu | nd Inc | 20-4179657 | Page 3 |
|---|--------------------|----------------------|----------------------|---------------------|-------------------|-----------|
| Part III Support Schedule fo | | | | | | |
| (Complete only if you chec | ked the box on lir | ne 9 of Part I) | | | | |
| Section A. Public Support | | | | | | |
| Calendar year (or fiscal yr beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | - | | _ | | |
| Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1-5 | | | | | | |
| 7a Amounts included on lines 1, 2, 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line | | | | | | |
| 7c from line 6.) | * '. * | ~ X % | у . | × , , | | |
| Section B. Total Support | | <u> </u> | <u> </u> | | | |
| Calendar year (or fiscal yr beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 9 Amounts from line 6 | | ,, | ' | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 13 Total support. (add ins 9, 10c, 11, and 12) { 14 First five years. If the Form 990 is | s for the organiza | tion's first, second | l, third, fourth. or | fifth tax vear as a | section 501(c)(3) | |

| on C. Computation of Public Support Percentage | | |
|--|--|--|
| Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| Public support percentage from 2007 Schedule A, Part IV-A, line 27g | 16 | % |
| וכ | ublic support percentage for 2008 (line 8, column (f) divided by line 13, column (f)). | ublic support percentage for 2008 (line 8, column (f) divided by line 13, column (f)). |

| Section | D. | Cor | nputation o | f Investment I | ncome | Percentage | e | |
|---------|----|-----|-------------|----------------|-------|------------|---|--|
| | | | - | | | | | |

| 1/ | investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) | |
|----|---|--|
| 18 | Investment income percentage from 2007 Schedule A. Part IV-A. line 27h | |

| 18 | Investment income percentage from 2007 Schedule A, Part IV-A, line 27h | 18 | | |
|-----|---|-------|------------|-----|
| 19a | a 33-1/3 support tests – 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3% more than 33-1/3%, check this box andstop here. The organization qualifies as a publicly supported organization | , and | line 17 is | not |
| ŀ | 33-1/3 support tests - 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1 | /3% | and line | 18 |

| | is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. |
|---|---|
| • | Drivet for deting 16 the appropriate did not shoot a house line 14, 10e or 10h about the house did not also |

17

%

| Schedule A | (Form 990 or | 990-EZ) 200 | 08 Twi | light | Rotary | / Char | itabl | e Fur | nd Ind | 20-4179657 | Page 4 |
|------------|--------------------------|-------------------------------|---------------------|------------------|------------------------|---------------------|--------------------|----------------|-------------------|--|-----------------|
| Part IV | Suppleme Part II, lin | ntal Infor e 17a or | mation. (17b; or Pa | Compleart III, I | te this p ine 12. l | art to p Provide | orovide e any o | the exther a | xplana ddıtion | tion required by Part II, line al information. (see instruc | ≥ 10; tions) |
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SCHEDULE G (Form 990 or 990;EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545 0047

2008

Department of the Treasury Internal Revenue Service

► Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open to Public Inspection

| Name of the organization Employer identification numb 20-4179657 | | | | | | | | |
|--|---|---------------------------------------|---------------------------|----------------------------|-----------------------------|---------------|-------------------------|---------------------|
| | light Rotary Charitab | | | | | | 20-4179 <u>65</u> | |
| Par | | | | | | | | /, line 17. |
| 1 | Indicate whether the organization r | aised funds thro | ough any o | of the follow | wing activities Check al | II that app | oly | |
| | Mail solicitations | | | | Solicitation of non-g | governme | ent grants | |
| | Email solicitations | | | | Solicitation of gover | rnment gr | rants | |
| | Phone solicitations | | | | Special fundraising | events | | |
| | In-person solicitations | | | | · | | | |
| 2a | Did the organization have written of employees listed in Form 990, Par | or oral agreemer | nt with any | ındıvıdual | l (including officers, dire | ectors, tru | stees or key | ☐Yes ☐No |
| | | | | • | | | | |
| b | If 'Yes,' list the ten highest paid incompensated at least \$5,000 by the | dividuals or entities | ties (tundra Form 9906 | aisers) pui 7 filers ai | rsuant to agreements ur | nder which | h the fundraise able | er is to be |
| | Compensated at least \$5,000 by the | | 1 01111 3300 | mers ar | e not required to compi | | ount paid to | |
| | (i) Name of individual | (ii) Activity | (III) Did | fundraiser | (iv) Gross receipts | | etained by) | (vi) Amount paid to |
| | or entity (fundraiser) | (4) | | dy or control | from activity | | iser listed in | (or retained by) |
| | | | | ibutions? | | | col (ı) | organization |
| | | | Yes | No | | | | |
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| | Total | · · · · · · · · · · · · · · · · · · · | | <u> </u> | | L | | |
| 3 | List all states in which the organization | ation is registere | ed or licen | sed to soli | cit funds or has been no | otified it is | s exempt from | registration |
| | or licensing | _ | | | | | | |
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| | _ | G (Form 990 or 990-EZ) 2008 Twilig h | | | | | | age 2 |
|--|---------|---|--|---|--|------------------------------|---------------------------|--------------|
| Par | t II | Fundraising Events. Complete it reported more than \$15,000 on Fore | f the organızatıon a m 990-EZ, lıne 6a. L | answered 'Yes' to F ist events with gross | Form 990, Part IV, receipts greater tha | line 18, c an \$5,000. | or | |
| | | | (a) Event #1 Pumpkin Patch (event type) | (b) Event #2 | (c) Other Events | (d) Tota (Add col | | |
| かんえかく 中辺 | 1 | Gross receipts. | 18,791. | | | | 18,7 | 91. |
| Ē | 2 | Less Charitable contributions | | | | | _ | |
| | 3 | Gross revenue (line 1 minus line 2) | 18,791. | | | | 18,7 | 91. |
| • | 4 | Cash prizes | | | | | | |
| D-RECT | 5 | Non-cash prizes | | | | | | |
| | 6 | Rent/facility costs. | | | | | - | |
| EXPESSES | 7 | Other direct expenses | 12,747. | | | | 12,7 | 47. |
| | | Direct expense summary Add lines 4- th Net income summary Combine lines 3 ar | nd 8 in column (d) | | > | | 12,7 6,0 | 747. 944. |
| Par | t III | Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 68 | on answered 'Yes' to a. | Form 990, Part IV, I | ine 19, or reported r | more than | | |
| mczm <m2< td=""><td></td><td></td><td>(a) Bingo</td><td>(b) Pull tabs/Instant bingo/progressive bingo</td><td>(c) Other gaming</td><td>(d) Tota (Add col col.</td><td>l gamı (a) thr (c))</td><td>ng ough</td></m2<> | | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Tota (Add col col. | l gamı (a) thr (c)) | ng ough |
| Ĕ | 1 | Gross revenue | | | | | | |
| F | 2 | Cash prizes | | | | | | |
| DIRECT | 3 | Non-cash prizes | | | | | | |
| C S T E S | 4 | Rent/facility costs. | | | | | | |
| | 5 | Other direct expenses | | | | | | |
| | 6 | Volunteer labor | Yes% No | Yes% No | Yes% | | | |
| | 7 | Direct expense summary Add lines 2 thro | ough 5 in column (d) | | • | | | |
| | 8 | Net gaming income summary Combine li | nes 1 and 7 in column (| (d) | | | - VEO | |
| | ls th | er the state(s) in which the organization op ne organization licensed to operate gaming o,' Explain | | | | 9a | YES | NO |
| | | | | | | | | |
| | | e any of the organization's gaming license es, Explain | s revoked, suspended o | r terminated during the | tax year? | 10a | | |
| 11 | Doe | s the organization operate gaming activitie | es with nonmembers? | | | | | |
| 12 | | ne organization a grantor, beneficiary or tru ninister charitable gaming? | | mber of a partnership or | other entity formed to | 12 | | |

| Schedule G (Form 990 or 990-EZ) 2008 TWILIGHT ROTARY CHARITABLE FUND INC | <u> </u> | <u></u> F | age 3 |
|--|----------------------|-----------|--------|
| | | YES | NO |
| 13 Indiçate the percentage of gaming activity operated in | | | |
| - ···- · • · · · · · · · · · · · · · · · | 13a % | ļ | |
| | 13b % | l | • |
| 14 Provide the name and address of the person who prepares the organization's gaming/special events | books and records | | |
| Name ► | | | |
| Address • | | | |
| 15a Does the organization have a contact with a third party from whom the organization receives gaming | - <u>-</u> | 15a | |
| b If 'Yes,' enter the amount of gaming revenue received by the organization \$ | and the amount | | |
| c If 'Yes,' enter name and address | | | |
| Name ▶ | | | |
| Address ► | | | |
| 16 Gaming manager information | | | |
| Name ► | | | |
| Gaming manager compensation ► \$ | | | |
| Description of services provided | | | |
| ☐ Director/officer ☐ Employee ☐ Independent contractor | | | |
| 17 Mandatory distributions | | | , |
| a is the organization required under state law to make charitable distributions from the gaming process state gaming license? | eds to retain the | 17a | |
| b Enter the amount of distributions required under state law distributed to other exempt organizations | or spent in the | | |
| organization's own exempt activities during the tax year 🕨 \$ | | | |
| BAA TEEA3703L 07/18/08 | Schedule G (Form 990 | or 990-E2 | Z) 200 |

| 2008 | Federal Statements | | Page 1 |
|--|--|---------|------------|
| • | Twilight Rotary Charitable Fund Inc | <u></u> | 20-4179657 |
| Statement 1 Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid | | | |
| Class of Activity: Donee's Name: Donee's Address: | Cancer American Cancer Society 744 Empire Street, #206 Fairfield, CA 94533 | | |
| Relationship of Donee: Cash Amount Given: | None | \$ | 2,000. |
| Class of Activity: Donee's Name: Donee's Address: | Education Mundy Community Foundation 570 Vintage Drive Fairfield, CA 94534 | | |
| Relationship of Donee: Cash Amount Given: | None | \$ | 100. |
| Class of Activity: Donee's Name: Donee's Address: | International Support Rotoplast 1560 Sherman Avenue Evanston, IL 60201 | | |
| Relationship of Donee: Cash Amount Given: | None | \$ | 500. |
| Class of Activity: Donee's Name: Donee's Address: | Education Touro University 1310 Johnson Lane Vallejo, CA 94592 | | |
| Relationship of Donee: Cash Amount Given: | None | \$ | 250. |
| Class of Activity: Donee's Name: Donee's Address: | Education Vacaville Rotary Endowment c/o 190 S. Orchard Ave, B123 Vacaville, CA 95688 | | |
| Relationship of Donee: Cash Amount Given: | None | \$ | 350. |
| Class of Activity: Donee's Name: Donee's Address: | Education Camp Royal Rotary District 5160 Evanson, IL 60201 | | |
| Relationship of Donee: Cash Amount Given: | None | \$ | 1,450. |
| Class of Activity: Donee's Name: Donee's Address: | Education Fairfield High School VE 205 East Atlantic Fairfield, CA 94533 | | |
| Relationship of Donee: Cash Amount Given: | None | \$ | 400. |
| | | | |

| 2008 | Federal Statements | | Page 2 |
|---|--|----|------------|
| Twi | light Rotary Charitable Fund Inc | | 20-4179657 |
| Statement 1 (continued) Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid | | | |
| Class of Activity: Donee's Name: Donee's Address: Relationship of Donee: Cash Amount Given: Description of Property: Date of Gift: Book Value: | Education Early Act Rotary District 5160 Evanston, IL 60201 None T-Shirts 3/02/2009 846. | \$ | 85. |
| Method Used to Determine BV: Fair Market Value: Method Used to Determine FMV: | Purchase Price Purchase Price | | 846. |
| Class of Activity: Donee's Name: Donee's Address: Relationship of Donee: Cash Amount Given: | Education Rodriquez High School 5000 Red Top Road Fairfield, CA 94534 None | \$ | 100. |
| Class of Activity: Donee's Name: Donee's Address: Relationship of Donee: Cash Amount Given: | Education B Gale Wilson School 3301 Cherry Hills Court Fairfield, CA 94534 None | \$ | 450. |
| Class of Activity: Donee's Name: Donee's Address: Relationship of Donee: | Education Fairfield Unified School District 2490 Hilborn Road Fairfield, CA 94534 None | · | |
| Cash Amount Given: Class of Activity: Donee's Name: | Education Pace International | \$ | 396. |
| Relationship of Donee: Cash Amount Given: | None | \$ | 1,000. |
| Class of Activity: Donee's Name: Donee's Address: | Community Support Suisun Fire Protection District 445 Jackson Street Fairfield, CA 94533 | | |
| Relationship of Donee: Cash Amount Given: | None | \$ | 300. |
| Class of Activity: Donee's Name: Relationship of Donee: Cash Amount Given: | Senior Citizens Senior Dinner None | \$ | 228. |

| 2008 | Federal Statements | Page 3 |
|---|---|--|
| • | Twilight Rotary Charitable Fund Inc | 20-4179657 |
| Statement 1 (continued) Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid | | |
| Class of Activity: Donee's Name: Donee's Address: Relationship of Donee: Cash Amount Given: | Community Support Solano County Law Enforcement Solano County Rotary Fairfield, CA 94533 None \$ | 600. |
| Class of Activity: Donee's Name: Donee's Address: Relationship of Donee: | Community Support Solano County Firefighter Support Solano County Rotary Fairfield, CA 94533 None | |
| Cash Amount Given: Class of Activity: Donee's Name: Relationship of Donee: Cash Amount Given: | \$ Community Support MCA None | |
| Class of Activity: Donee's Name: Relationship of Donee: Cash Amount Given: | Community Support Christmas for Families None | |
| Class of Activity: Donee's Name: Relationship of Donee: Cash Amount Given: | Community Support Various None | 861. |
| Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses | | |
| Bank / Credit Card Charges Depreciation Equipment Rental Relay for Life Supplies Storage Rental | \$ Total \$ | 5. 258. 311. 297. 1,754. 2,625. |
| Statement 3 Form 990-EZ, Part II, Line 24 Other Assets | | |
| Machinery and Equipment | | Ending 10,572. 10,572. |

2008

Federal Statements

Page 4

Twilight Rotary Charitable Fund Inc

20-4179657

Statement 4
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

Provide support for the youth, seniors, and needy of the community and the ideals and projects of Rotary.

Statement 5 Form 990-EZ, Part VI Regarding Transfers Associated with Personal Benefit Contracts

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

No

No