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Department of the Treasury

Internal Revenue Service

Short Form 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) 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

OMB No. 1545-1150

2008

Open to Public Inspection

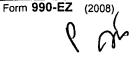
| | | or the 2008 calendar year, or tax year beginning $ m JUL~01~$, 2008, and ending | | | | | J | JUN 30,2009 | | |
|----------|------------|--|--|--|---------------|------------------|--|---------------------------------|--|--|
| | B Ch | eck if plicable | Die C Name of organization, number and street, city, town, state, and ZIP code | | | | | Employer Identification number | | |
| | \Box | dress cha | | | | | | | | |
| | Na | me chan | ge label or print or | | 36 | | | | | |
| | Inst | tial retum | type | ROTARY CLUB GLENVIEW CHARITA | BLE F | 'N | E Telepho | ne number | | |
| | Те | rmination | See Specific | | | | • | 98-9428 | | |
| | HAm | nended re | lnstruc- | 950 MILWAUKEE AV | | | | exemption | | |
| | H | plication nding | tions | GLENVIEW IL 60025- | | | Number | <u>-</u> | | |
| | | | 501(c)(3) orga | nizations and 4947(a)(1) nonexempt charitable trusts mu | st attach | G Account | | | | |
| | _ | | | completed Schedule A (Form 990 or 990-EZ). | | i | pecify) ▶ | | | |
| | I We | bsite: | > | | | | | ne organization is not required | | |
| | | | ion type (check | onty one) - X 501(c)(3) ◀ (insert no.) 4947(a)(1) or | 527 | to attach | _ | (Form 990, 990-EZ, or 990-PF) | | |
| | | eck ▶ | · · · · · · · · · · · · · · · · · · · | ganization is not a section 509(a)(3) supporting organization | | | | | | |
| | | | _ | but if the organization chooses to file a return, be sure to file | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| | | | | 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Fo | | > | \$ | 3,769. | | |
| | | | | xpenses, and Changes in Net Assets or Fund | | | nstruction | | | |
| | | | | gifts, grants, and similar amounts received . | | (550 | 1 | 3,746. | | |
| | | 1 | | ce revenue including government fees and contracts | | | 2 | | | |
| | | 1 | _ | ues and assessments . | | | . 3 | | | |
| | | | Investment inc | | | - ' | 4 | 22. | | |
| | | 1 | | from sale of assets other than inventory | 5a | • | L- <u>-</u> - | | | |
| | | 1 | | ther basis and sales expenses | 5 b | | | | | |
| | | | | from sale of assets other than inventory (Subtract line 5b fro | m line 5a) | (attach schedule |) 5c | | | |
| | e | 1 | , , | activities (complete applicable parts of Schedule G). If any amount is from gam | , | , | , · · · · | | | |
| | Revenue | L | | (not including \$ of contribution | - | | _ | | | |
| | Re | | reported on lin | | 6a | | | | | |
| | | | · | penses other than fundraising expenses | 6b | | _ | | | |
| 3 | | 1 | | (loss) from special events and activities (Subtract line 6b fro | m line 6a) | | 6c | | | |
| 2010 | | | | inventory, less returns and allowances | 7a | | | | | |
| re | | | Less [,] cost of g | | _7b | | | 1 | | |
| | | c | Gross profit or | (loss) from sales of inventory (Subtract line 7b from line 7a) | ECEIV | /ED | 7 c | | | |
| À | | | | (describe ► ROUNDING ERROR | | |) 8 | 1. | | |
| AON | | 9 | Total revenue | Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 | T 1 9 | 2010 S | .▶ 9 | 3,769. | | |
| | | 10 | Grants and sin | nilar amounts paid (attach schedule) | | S) | 10 | 8,099. | | |
| CANNED | | 11 | Benefits paid to | o or for members | ~ [] [] [] | | 11 | | | |
| 7 | es | 12 | Salaries, other | compensation, and employee benefits | BDEN | , U I | 12 | | | |
| | penses | 13 | Professional fe | es and other payments to independent contractors | | | 13 | | | |
| S | | 14 | Occupancy, re | nt, utilities, and maintenance | | | 14 | | | |
| Je | ũ | 15 | Printing, public | ations, postage, and shipping | • | - | 15 | | | |
| | | 16 | Other expense | s (describe ▶BANK CHARGES | |) | 16 | 28. | | |
| | | 17 | Total expense | s Add lines 10 through 16 . | | | ▶ 17 | 8,127. | | |
| | w | 18 | Excess or (defi | cit) for the year (Subtract line 17 from line 9) . | | | . 18 | (4,358.) | | |
| | Net Assets | 19 | Net assets or f | und balances at beginning of year (from line 27, column (A) |) (must agı | ree with | | 1 | | |
| | As | | end-of-year fig | ure reported on prior year's return) | | | 19 | 10,874. | | |
| | Š | | - | in net assets or fund balances (attach explanation) | | | 20 | <u> </u> | | |
| | | | Net assets or f | und balances at end of year Combine lines 18 through 20 | | | ▶ 21 | 6,516. | | |
| | Par | t II | <u>Balance Sh</u> | | | | | Form 990-EZ. | | |
| | | (See the instructions.) (A) Beginning of | | | | | (B) End of year | | | |
| | | | ivings, and inv | | _ | 10,87 | | 6,516. | | |
| | | | | | | | 23 | ··· | | |
| | | | sets (describe | > |) _ | | 24 | | | |
| | | otal as | | | · ·· _ | 10,87 | | 6,516. | | |
| | | | bilities (descri | · · · · · · · · · · · · · · · · · |) | | 26 | | | |
| | 27 N | et asse | ets or fund bal | ances (line 27 of column (B) must agree with line 21) | | 10,87 | 4. 27 | 6,516. | | |

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

US990EZ1

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| Form 990-EZ (2008) ROTARY CLUB GLENVIEW | CHARITABLE | FN | 36 | -37259 | 87 Page 2 |
|---|---------------------------------------|--------------------------------|--|-----------------------------|-------------------------|
| Part III Statement of Program Service Accomp | | the instructions) | | E | xpenses |
| What is the organization's primary exempt purpose? SUPP | ORT OF CHARI | TY & SCHOL | ARS | (Required | for 501(c)(3) & (4) |
| Describe what was achieved in carrying out the organization's e | | | | organizatı | ons and 4947(a)(1) |
| describe the services provided, the number of persons benefited | | | | | ional for others.) |
| 28 SUPPORT OF LOCAL CHARITIES | | | | | |
| | | | | | |
| | | | | | |
| (Grants \$ 6,757.) If this amount includes | foreign grants, check he | ere | ▶Ⅱ | 28a | |
| 29 SCHOLARSHIPS TO LOCAL HIGH SC | | | | | |
| <u> </u> | <u> </u> | | | | |
| | | | | | |
| (Grants \$ 1,341.) If this amount includes | foreign grants, check he | ore | <u> </u> | 29a | |
| 30 | Toreign grants, check no | | | ZJa | |
| | | | | | |
| | | | | - 1 | |
| (Cronto C | fareign grants, shoot he | | | 20- | |
| (Grants \$) If this amount includes | | | | 30a | |
| 31 Other program services (attach schedule) | | •••• | ···· | | |
| (Grants \$) If this amount includes | | ere | | 31a | |
| 32 Total program service expenses (add lines 28a through 31 | | | . • | 32 | |
| Part IV List of Officers, Directors, Trustees, an | | (List each one ev | | | |
| (a) Name and address | (b) Title & average hours per week | (c) Compensation (If not paid, | employee b | nbutions to enefit plans | (e) Expense account and |
| | devoted to position | enter -0) | & deferr | ed comp | other allowances |
| G JOHN MARMET | PRESIDENT | | | | |
| 950 MILWAU GLENVIEW IL 60025 | 1 | 0 | <u> </u> | | |
| MICHAEL GAUER | TREASURER | _ | | | |
| 225 CRABTR GLENVIEW IL 60025 | 1 | 0 | _ | | |
| SCOTT WILLISON | SECRETARY | | | | |
| 5 CT OF IS NORTHBROOK IL 60062 | 1 | 0 | | | |
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| Did the organization engage in any activity not previously reported to the IRS? If "yes," attach a detailed description of each activity Were any changes made to the organizang or governing documents but not reported to the IRS? If "yes," attach a conformed copy of the changes If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T a bid the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? If "Yes," has it filled a tax return on Form 990-T for this year? Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N The Enter amount of political expenditures, direct or inferect, as described in the instructions. ► 37a 0 Did the organization form form or preake any loans to, any officer, director, frustles, or key employeer were any such loans made in a princy year and still unplad at the start of the period covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved 1985 b Section 501(c)(7) organizations. Enter or unplad at the start of the period covered by this return? Initiation fees and capital combubions included on line 9 9 Section 501(c)(3) and (4) organizations. Enter mount of tax imposed on the organization during the year under: section 4912 b Section 501(c)(3) and (4) organizations. Enter mount of tax imposed on the organization organization organization manages or disqualified persons during the year under: section 4912 to the period country of the period country to a prohibid tax sheller transaction or If "Yes," complete Schedule L, Part II and enter the total amount involved 1985 b Section 501(c)(3) and (4) organizations. Enter mount of tax imposed on organization manages or disqualified persons during the year under: section 4912 to the period country to the period country to a prohibid t | Par | Other Information (Note the statement requirements in the instructions for Part VI.) | | | |
|--|------|---|-----|--------------|----------|
| description of each activity 4 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," 4 attach a conformed copy of the changes 5 If the organization had income from business actives, such as those reported on lines 2, 6a, and 7a (among others), but not reported on form 990-T a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? 5 If "Yes," has it filled a tax return on Form 990-T for this year? 6 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete spliciably parts of Schedule N. 5 Did the organization form 190-T for this year? 6 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete spliciably parts of Schedule N. 5 Did the organization form 190-T for this year? 6 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete spliciably parts of Schedule I, this year? 8 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete splicially parts of Schedule I, this year? 8 Was there a liquidation, dissolution, termination, or substantial contraction during the year? 8 Was there a liquidation, dissolution, this year? 9 Was there a liquidation, dissolution, this year, was the organization during the year under section \$1000 ((x)) and (4) organizations. Enter amount of tax imposed on the organization and year did the transaction during the year under section \$1000 ((x)) and (4) organizations. Did the organization and year did the come aware of an excess benefit transaction from a | | | | Yes | No |
| Were any changes made to the organizing or governing documents but not reported to the IRS° If "Yes," 34 | 33 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed | | | |
| attach a conformed copy of the changes if the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T ibut not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T ibut not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T ibut not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T ibut the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? ibut the view of the state of the section of the section 6033(e) notice, reporting, and proxy tax requirements? ibut the view of the state of the section 6033(e) notice, reporting, and proxy tax requirements? ibut the view of the state of the section 6033(e) notice, reporting, and proxy tax requirements? ibut the state sphicable parts of Schedule N ibut the view of the section 601(c)(7) organization for make any loans to, any officer, director, trustee, or key employeeur were any such loans made in a proxy vear and still unpaid at the state of the period covered by this return? ibut the view of the section 501(c)(7) organization burnor will unpaid at the state of the period covered by this return? ibut the view of the section 501(c)(7) organizations. Enter amount of tax mposed on the organization engage in any section 4956 to secs sherifit 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 the view of the section 501(c)(3) and (4) organizations. But the organization managers or disqualified persons during the year under section 4912 (4) 495, and 4958 de Enter amount of tax on line 40c reimbursed by the organization apparent of the view organization and | ` | · · · · · · · · · · · · · · · · · · · | 33 | | <u>X</u> |
| 15 If the organization had income from business activeles, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T attach a statement explaining your reason for not reporting the income on Form 990-T and prove the comparison have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? 15 If "Yes," task filled a tax return on Form 990-T for this year? 16 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N 17 and Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a | 34 | Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," | 1 | | |
| but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? 15 | | Y To the state of | 34 | | X |
| a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? 35 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N 36 X 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0 37b Did the organization file Form1120-POL for this year? 37c Did the organization file Form1120-POL for this year? 37d Did the organization file Form1120-POL for this year? 37d Did the organization file Form1120-POL for this year? 37d Did the organization file Form1120-POL for this year? 37d Did the organization file Form1120-POL for this year? 37d Did the organization file Form1120-POL for this year? 37d Did the organization file Form1120-POL for this year? 37d Did the organization file Form1120-POL for this year? 37d Did the organization file Schedule L, Part II and enter the total amount involved. 38b 38b 38c total (2)(7) organizations. Enter amount of tax imposed on the organization during the year under. 37d Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. 38d Section 501(c)(3) and (4) organizations. Enter amount of tax imposed on the organization during the year under. 38d Section 4911 ▶ 39b | 35 | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), | | - | |
| and proxy tax requirements? 35 17*es, "has it field a tax return on Form 990-T for this year? 36 17*es, "has it field a tax return on Form 990-T for this year? 37 18* 17*es, "has it field a tax return on Form 990-T for this year? 38 18* 17*es, "has it field a tax return on Form 990-T for this year? 38 18* 18 | | but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T | | - | |
| b If "Yes," has it filed a tax retum onForm 990-T for this year? Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N | а | Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, | | ļ | |
| Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N | | and proxy tax requirements? | 35a | | Χ |
| complete applicable parts of Schedule N 3 complete applicable parts of Schedule N 3 complete applicable parts of Schedule N 3 complete Either amount of political expenditures, direct or indirect, as described in the instructions. b Did the organization for Form 1120-POL for this year? 37b Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employeem were any such loans made in a prior year and still unpaid at the start of the period covered by this return? b If "Yes," complete Schedule L, Part II and enter the total amount involved | b | If "Yes," has it filed a tax return on Form 990-T for this year? | 35b | | |
| The Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a | 36 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," | | | |
| Did the organization file Form1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employeer were any such loans made in a prory year and still unpaid at the start of the period covered by this returm? b If "Yes," complete Schedule L, Part II and enter the total amount involved | | complete applicable parts of Schedule N | 36 | | Х |
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| any such loans made in a prior year and still unpaid at the start of the period covered by this return? b | b | Did the organization file Form1120-POL for this year? | 37b | | |
| b If "Yes," complete Schedule L, Part II and enter the total amount involved | 38 a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employeeor were | | | |
| Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 4911 | | any such loans made in a prior year and still unpaid at the start of the period covered by this return? | 38a | | X |
| a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities | b | If "Yes," complete Schedule L, Part II and enter the total amount involved | | | |
| b Gross receipts, included on line 9, for public use of club facilities | 39 | Section 501(c)(7) organizations. Enter | | | |
| Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 4911 ▶ | а | Initiation fees and capital contributions included on line 9 | | | |
| section 4911 \rightarrow ; section 4912 \rightarrow , section 4955 \rightarrow b Section 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 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 e All organizations. At any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filled ILL 1142a 11be books are in care of MARGARET HIGGINS Located at 3214 12 CRESCENT AV IL MCHENRY 12 P+4 60050- 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. See the instructions for exceptions and filling requirements for TDF 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 U S.? If "Yes," enter the name of the foreign country. Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of orm 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 140 Yes No 141 142 143 144 Yes No 145 Yes No 146 Yes No 147 Yes No 147 Yes No Y | b | Gross receipts, included on line 9, for public use of club facilities 39 b | | | |
| b Section 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 sections 4912, 4955, and 4958. d 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 e All organizations. At any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed LIST the books are in care of MARGARET HIGGINS Telephone no 815-271-5399 Located at 3214 CRESCENT AV IL MCHENRY ZIP+4 60050- 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. See the instructions for exceptions and filling requirements for 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 U S.? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filling requirements for 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 U S.? If "Yes," enter the name of the foreign country: 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 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in li | 40 a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. | | | |
| the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I 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 e All organizations. At any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed II L List the states with which a copy of this return is filed II L The books are in care of IMARGARET HIGGINS Telephone no INTERIOR ZIP+4 INTERIOR SIP+4 INT | | section 4911 ▶ ; section 4912 ▶ , section 4955 ▶ | | | 1 |
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| sections 4912, 4955, and 4958 d Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If "Yes," complete Form 8886-T 40e X 41 List the states with which a copy of this return is filed IL 42a The books are in care of MARGARET HIGGINS Telephone no 815-271-5399 Located at 3214 CRESCENT AV IL MCHENRY ZIP+4 60050- 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. See the instructions for exceptions and filing requirements 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 U.S.? If "Yes," enter the name of the foreign country. 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 43 Yes No 44 X 44 X 45 X 45 X 45 X 45 X X X X X X X X X | | the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I | 40b | | X |
| d Enter amount of tax on line 40c reimbursed by the organization e 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 Lust the states with which a copy of this return is filed ▶ IL 11 | С | Enter amount of tax imposed on organization managers or disqualified persons during the year under | | | |
| e 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 List the states with which a copy of this return is filed ▶ IL The books are in care of ▶ MARGARET HIGGINS Telephone no ▶ 815-271-5399 Located at ▶ 3214 CRESCENT AV IL MCHENRY 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. ▶ See the instructions for exceptions and filing requirements foForm 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 U.S.? If "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu oForm 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 Yes No Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ If "Yes," Form 990 must be completed instead of Form 990-EZ If "Yes," Form 990 must be completed instead of Form 990-EZ | | sections 4912, 4955, and 4958 | | | |
| If "Yes," complete Form 8886-T List the states with which a copy of this return is filed ▶ IL The books are in care of ▶ MARGARET HIGGINS Telephone no ▶ 815-271-5399 Located at ▶ 3214 CRESCENT AV IL MCHENRY ZIP+4 ▶ 60050- 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. ▶ See the instructions for exceptions and filing requirements foForm 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 U.S.? If "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu oForm 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 Pyes No Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 44 X Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ | ď | Enter amount of tax on line 40c reimbursed by the organization | | | |
| List the states with which a copy of this return is filed List. The books are in care of MARGARET HIGGINS Telephone no 1815-271-5399 Located at 3214 CRESCENT AV IL MCHENRY 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. See the instructions for exceptions and filing requirements 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 U S.? If "Yes," enter the name of the foreign country: 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 Yes No Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ | е | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? | | | |
| The books are in care of ► MARGARET HIGGINS Located at ► 3214 CRESCENT AV IL MCHENRY 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. ► See the instructions for exceptions and filling requirements foForm 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 U.S.? If "Yes," enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu oForm 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ Located at National Accounts. Telephone of National National National Accounts and interest received or account, or other authority Yes No 42b X 42c X Yes No Yes No | | If "Yes," complete Form 8886-T | 40e | | Х |
| Located at > 3214 CRESCENT AV IL MCHENRY 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; or eight financial account in a foreign country. If "Yes," enter the name of the foreign country. See the instructions for exceptions and filling 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 U.S.? If "Yes," enter the name of the foreign country: > Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu oForm 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 Yes No 144 X Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ | 41 | List the states with which a copy of this return is filed IL | | | |
| 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 in a foreign country (such as a bank account, securities account, or other financial account in a foreign country. If "Yes," enter the name of the foreign country. See the instructions for exceptions and filling 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 U.S.? If "Yes," enter the name of the foreign country: 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 Yes No Yes No Old the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44 | 42 a | The books are in care of ► MARGARET HIGGINS Telephone no ► 815-271-5399 | | | |
| 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. ► 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 U.S.? If "Yes," enter the name of the foreign country: ► 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 If "Yes," Form 990 must be completed instead of Form 990-EZ Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ | | Located at ▶ 3214 CRESCENT AV IL MCHENRY ZIP+4 ▶ 60050- | _ | | |
| account)? If "Yes," enter the name of the foreign country. ► See the instructions for exceptions and filing requirements foForm 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 U S.? If "Yes," enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu oForm 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Tyes No Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ X X Yes No | b | At any time during the calendar year, did the organization have an interest in or a signature or other authority | | | |
| If "Yes," enter the name of the foreign country. ► See the instructions for exceptions and filing requirements foForm 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 U S.? If "Yes," enter the name of the foreign country: ► 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu oForm 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes No Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45 X | | over a financial account in a foreign country (such as a bank account, securities account, or other financial | | Yes | No |
| See the instructions for exceptions and filing requirements foForm 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 U S.? | | account)? | 42b | | Х |
| See the instructions for exceptions and filing requirements foForm 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 U S.? | | If "Yes," enter the name of the foreign country. ▶ | | | |
| and Financial Accounts. c 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: ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu oForm 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 Yes No Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ | | | | | |
| c 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: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu oForm 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 Yes No Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ | | | | | |
| If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu oForm 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes No Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ | С | At any time during the calendar year, did the organization maintain an office outside of the U.S.? | 42c | | Х |
| 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 Yes No Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ | | | | | _ |
| and enter the amount of tax-exempt interest received or accrued during the tax year Yes No Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ | 43 | | | . > | • [|
| Yes No Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45 X | - | | | | _ |
| Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ | | | | | |
| Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ | | | } | Yes | No |
| Form 990-EZ Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45 X | 44 | Did the organization maintain any donor advised funds? If "Yes." Form 990 must be completed instead of | Ų | , | - |
| Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ | • | | 44 | | Х |
| be completed instead of Form 990-EZ | 45 | | 1 1 | 1 | - * |
| | | | 45 | l | Х |
| | | | | EZ (2 | |

Page 3

| Part V | | - | n 501(c)(3) organization | ons must answer questions 46 | - 49 | | |
|-----------------------|--|-----------------------------|--------------------------|--|-----------------|--|-------------|
| 10 5 | and complete the tables for lines 5 | | chutae ee behelf of ee | in consolitor to | | Ţ, | · |
| | I the organization engage in direct or in | | | in opposition to | | Yes | No |
| Cal | ndidates for public office? If "Yes," comp | | | | 46 | | X |
| | I the organization engage in lobbying ac | | | onlote Cabadula F | 47 | | X |
| | s the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization make any transfers to an exempt non-charitable related organization? | | | | | | |
| | | • | related organization? | | 49a | | X |
| | Yes," was the related organization(s) a amplete this table for the five highest cor | | | | [49b] | | |
| | ch received more than \$100,000 of com | | | | :5) WIIO | | |
| | | (b) Title and average | (c) Compensation | (d) Contributions to | (e) Exp | 20000 | |
| (a) N | ame and address of each employee | hours per week | (c) Compensation | employee benefit plans & | acconi | | |
| (2) 11 | paid more than \$100,000 | devoted to position | | deferred compensation | other all | | |
| NONE | para more man ¢100,000 | devoted to position | | deterred compensation | Ou let all | OWallo | |
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| | r of other employees paid over \$100,000 Dete this table for the five highest comp | | | | | | |
| | the organization If there is none, enter Name and address of each independen | | n \$100,000 | (b) Type of service | (c) Compe | ensatio | |
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| Total nur | nber of other independent contractors e | ach receiving over \$100.00 | 20 | | | | |
| Total Huil | Under penalties of perjury, I deplare that I have | | | toments, and to the best of my knowledge | | | |
| _ | and belief, it is true_correct_and complete De | | | | | | |
| | 1/1/1/1 | | | 1 / | <i>i</i> / _ | | , |
| C! | 1/2/ | Man | - | | 121. | 20 | 2/1 |
| Sign | Signature of officer | | | Date | —— | ······································ | / |
| Here | DAVID WEINGART | | PRESID | ENT | | | (|
| | Type or print name and title | | | | | | |
| | Preparer's | | | ck if self- Preparer's Iden | tifying No. | . (See | ınstr) |
| Paid | signature / / / / | Man 21 |)/08/2010 emp | oloyed ▶ 🛛 558- | -64-4 | 100 | |
| Preparer' Use Only | Firm's name (or yours LAW C | FF OF G JOHN | MARMET | EIN ▶ | | | |
| | if self-employed), 950 M | IILWAUKEE AVE | 318 | | | | _ |
| | address, and ZIP + 4 GLENV | 'IEW IL 60025- | -2779 | Phone no ▶847- | -298 <i>-</i> | 942 | 8 |
| May the I | RS discuss this return with the preparer | shown above? See instru | ctions | > | Yes | | No |
| | | | | Fo | rm 990-E | EZ (2 | (800) |

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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.

OMB No 1545-0047

2008

Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization ROTARY CLUB GLENVIEW CHARITABLE FN 36-3725987 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 onlyone organization.) 1 A church, convention of churches, or association of churches described insection 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 A hospital or a cooperative hospital service organization described insection 170(b)(1)(A)(iii) (Attach Schedule H) 3 A medical research organization operated in conjunction with a hospital described issection 170(b)(1)(A)(Iii). Enter the hospital's name, 4 city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described isection 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described insection 170(b)(1)(A)(v). 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 the Support Schedule in Part II.) 8 A 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 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. Seesection 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. Seesection 509(a)(4) (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) Sesection 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h b Type II c | Type III - Functionally integrated 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 509(a)(2). If the organization received a written determination from the IRS that it 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? q (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the organizations the organization supports. (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organ-(v) Did you (vi) Is the (vii) Amount of organization (described on lines 1-9 notify the organization in support ization in col above or IRC section col. (i) (i) listed in your organization in governing organized (see instructions)) col (i) of your document? support? in the US? Yes Yes No Yes No

Total

BCA

| | edule A (Form 990 or 990-EZ) 2008 ROTAR | Y CLUB GI | LENVIEW | CHARITAR | I.F. FN 3 | 6-372598 | · • 7 Page 2 |
|------|---|-----------------------|---------------------------------------|----------------------|-------------------|-------------|--------------|
| | art II Support Schedule for Organi | | | | | | |
| | ` (Complete only if you checked the bo | x on line 5, 7, or | B of Part I) | | | | |
| Sec | tion A. Public Support | | | | | | |
| ` Ca | lendar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not | | Ì | | | | |
| | include any "unusual grants ") | 3000. | 3000. | 3607. | 7680. | 3746. | 21033. |
| 2 | Tax revenues levied for the organization's | | | | | | |
| | benefit and either paid to or expended on | | | l | | | |
| | its behalf | | | | | | |
| 3 | The value of services or facilities | j | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 4 | Total. Add lines 1-3 | 3000. | 3000. | 3607. | 7680. | 3746. | 21033. |
| 5 | 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) | | | | | | |
| 6_ | Public support. Subtract line 5 from line 4 | | | | | | 21033. |
| | ection B. Total Support | | | | | | |
| | lendar year (or fiscal year beginning in) 🕨 | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 7 | Amounts from line 4 | 3000. | 3000. | 3607. | 7680. | 3746. | 21033. |
| 8 | Gross income from interest, dividends, | | | | | 1 | |
| | payments received on securities loans, | | | | i | | |
| | rents, royalties and income from similar | | i | 0.5 | 2.5 | | 004 |
| _ | sources | | | 26. | 345. | 23. | 394. |
| 9 | Net income from unrelated business | | | 1 | ľ | | |
| | activities, whether or not the business is | | ļ | | | | |
| | regularly carried on | | · · · · · · · · · · · · · · · · · · · | | | | |
| 10 | Other income. Do not include gain or | | |] |] | | |
| | loss from the sale of capital assets | İ | i | | | | |
| | (Explain in Part IV) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | ······ | | | 21427. |
| 12 | Gross receipts from related activities, etc. (see | • | | | | 12 | |
| 13 | First five years, If the Form 990 is for the orga | anızation's first. sı | econd, third, fou | rth, or fifth tax ve | ar as a section 5 | 501(c)(3) | |

| | regularly carried on | | | |
|-----|---|-------------------|-------|----------------|
| 10 | Other income. Do not include gain or | | | |
| | loss from the sale of capital assets | | | |
| | (Explain in Part IV) | | | |
| 11 | Total support. Add lines 7 through 10 | | 2142 | 7 . |
| 12 | Gross receipts from related activities, etc. (see instructions) | 12 | | |
| 13 | 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) | | |
| | organization, check this box and stop here | , | ▶ | |
| Se | ction C. Computation of Public Support Percentage | | | |
| 14 | Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) | 14 | 98.16 | % |
| 15 | Public support percentage from 2007 Schedule A, Part IV-A, line 26f | 15 | 99.10 | % |
| 16a | 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more | e, 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 13, 16a or 16b, and line 13, 16a or 16b, and line 15, 16a or 16b, and line 15b, and line | ne 14 | | |
| | is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and top here is | Explain | | |
| | in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a public | ly supported | | _ |
| | organization | | | L |
| 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 anstop her | 'e | | |
| | Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as | a publicly | | _ |
| | supported organization | _ | ▶ | Ĺ |

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

instructions

Schedule A (Form 990 or 990-EZ) 2008 ROTARY CLUB GLENVIEW CHARITABLE FN 36-3725987

Part III Support Schedule for Organizations Described in Section 509(a)(2)

| | • • | <u> </u> | |
|---|---------------|--|--|
| (| Complete only | If you checked the box on line 9 of Part I.) | |

| Sec | tion A. Public Support | | | | | | · · · · · · · · · · · · · · · · · · · | | |
|------|--|-------------------|--------------------|---------------------|-------------------|--|---------------------------------------|--|--|
| ` Ca | lendar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total | | |
| 1 | Gifts, grants, contributions, and | | | | | \ | *** | | |
| | membership fees received. (Do not | | | | | | | | |
| | include any "unusual grants ") | | | | | • | 1 | | |
| 2 | Gross receipts from admissions, merchan- | | | | | <u> </u> | | | |
| | dise sold or services performed, or facilities | | | | | | | | |
| | facilities furnished in any activity that is rela- | | | | | | | | |
| | ted to the organization's tax-exempt purpose | l | | | | | | | |
| 3 | Gross receipts from activities that | | | | · | † | | | |
| | are not an unrelated trade or business | | | | | | | | |
| 4 | under section 513 Tax revenues levied for the organization's | | | | | | | | |
| • | benefit and either paid to or expended on | | | ł | Ì | Ì | | | |
| | its behalf | | | | ļ |] | | | |
| 5 | The value of services or facilities | · | ļ | | | | | | |
| J | furnished by a governmental unit to the | | | | | | | | |
| | organization without charge | | | | | | | | |
| 6 | Total. Add lines 1-5 | | | | - | | | | |
| | Amounts included on lines 1, 2, and 3 | | | | | | | | |
| / a | | | | | | | | | |
| L | received from disqualified persons | · | | | | | | | |
| D | 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 | ·- | | | | | | | |
| _ ` | Add lines 7a and 7b | L | <u> </u> | | | | | | |
| 8 | Public support (Subtract line 7c from line 6) | | | | | | | | |
| | tion B. Total Support | | γ | | | | | | |
| | endar year (or fiscal year 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 from similar | | | | | | | | |
| | sources | | | | | | | | |
| b | Unrelated business taxable income (less | | | | | | | | |
| | section 511 taxes) from businesses | | | | | | | | |
| | acquired after June 30,1975 | | | | | | | | |
| С | Add lines 10a and 10b | | | | | | | | |
| 11 | Net income from unrelated business | | | | | - | | | |
| | activities not included in line 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 | 1 | | | | | | | |
| | (Explain in Part IV) | | | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11 and 12.) | | | | | | | | |
| | First five years. If the Form 990 is for the org | | second third fou | rth or fifth tax ve | ar as a section 5 | 501(c)(3) | · · · · · · · · · · · · · · · · · · · | | |
| | organization, check this box andstop here | | | | | , , , , , , , | ▶ □ | | |
| Sec | tion C. Computation of Public Supp | | | <u> </u> | | ······································ | | | |
| | Public support percentage for 2008 (line 8, c | | | in (fl) | | 15 | 0.00 % | | |
| | Public support percentage from 2007 Sched | • • | - | | | 16 | 0.00 % | | |
| | tion D. Computation of Investment | | | | · | 10 | 0.00 % | | |
| _ | | | | asluma (f)) | | 47 | 0 00 % | | |
| | Investment income percentage for 2008 (line | | • | Column (1)) . | • | 17 | 0.00 % | | |
| | Investment income percentage from 2007 Sci | | | 44 | | 18 | 0.00 % | | |
| 19a | 33 1/3 % support tests - 2008. If the organization of the second state of the second s | | | | | | / IS | | |
| | not more than 33 1/3 %, check this box ands | - | | | | | . ▶ 📙 | | |
| þ | b 33 1/3 % support tests - 2007. If the organization did not check a box on line 14 or line 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 . | | | | | | | | |
| 20 | Private foundation. If the organization did no | ot check a box on | line 14, 19a, or 1 | 19b, check this b | | | <u>▶</u> X | | |
| RCA | Convents form coffuers only 2009 Howersal Tay System | | | HEGGOA®3 Pay | Cabad | lo A /Form 990 c | - 000 E71 2000 | | |