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Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort 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)

OMB No. 1545-1150

2008

Open to Public
Inspection► Sponsoring 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

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

| | | |
|--|--|---|
| B Check if applicable Address change Name change Initial return Termination Amended return Application pending | C Name of organization ROCKFORD GUILFORD BOOSTER CLUB, INC. Number and street (or P.O. box, if mail is not delivered to street address) 5620 SPRINGCREEK ROAD City or town, state or country, and ZIP + 4 ROCKFORD, IL 61114 | D Employer identification number 36-4469491 |
| | | E Telephone number 815-654-4870 |
| | | F Group Exemption Number ► |

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ►

I Website: ► **N/A**

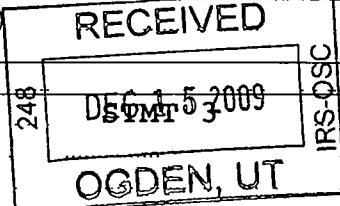
J Organization type (check only one) — 501(c)(3) (insert no.) 4947(a)(1) or 527

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.

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 ► \$ **70,307.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

| | | | |
|---|--|---------|---------|
| Revenue | 1 Contributions, gifts, grants, and similar amounts received | 1 | 7,275. |
| | 2 Program service revenue including government fees and contracts | 2 | |
| | 3 Membership dues and assessments | 3 | |
| | 4 Investment income | 4 | |
| | 5a Gross amount from sale of assets other than inventory | 5a | |
| | b Less: cost or other basis and sales expenses | 5b | |
| | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) | | |
| | 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/> | 6c | 10,937. |
| | a Gross revenue (not including \$ _____ of contributions reported on line 1) | 6a | 18,473. |
| b Less: direct expenses other than fundraising expenses | 6b | 7,536. | |
| c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | | | |
| 7a Gross sales of inventory, less returns and allowances | 7a | 44,185. | |
| b Less: cost of goods sold | 7b | 27,474. | |
| c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | | | |
| 8 Other revenue (describe ► INTEREST INCOME) | 7c | 16,711. | |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 | 8 | 374. | |
| Expenses | 10 Grants and similar amounts paid (attach schedule) | 9 | 35,297. |
| | 11 Benefits paid to or for members | 10 | 28,000. |
| | 12 Salaries, other compensation, and employee benefits | 11 | |
| | 13 Professional fees and other payments to independent contractors | 12 | |
| | 14 Occupancy, rent, utilities, and maintenance | 13 | |
| | 15 Printing, publications, postage, and shipping | 14 | |
| | 16 Other expenses (describe ► SEE STATEMENT 1) | 15 | 6,672. |
| | 17 Total expenses Add lines 10 through 16 | 16 | 576. |
| | 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | 17 | 35,248. |
| | 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) | 18 | 49. |
| 20 Other changes in net assets or fund balances (attach explanation) | 19 | 10,898. | |
| 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | 20 | | |
| | 21 | 10,947. | |



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 | | 45,622.22 | 45,585. |
| 23 Land and buildings | | 23 | |
| 24 Other assets (describe ► SEE STATEMENT 2) | | 24 | |
| 25 Total assets | | 45,622.25 | 45,585. |
| 26 Total liabilities (describe ► SEE STATEMENT 2) | | 34,724.26 | 34,638. |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | | 10,898.27 | 10,947. |

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
 34 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
 35 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.

| | Yes | No |
|----|-----|----|
| 33 | | X |
| 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?
 b If "Yes," has it filed a tax return on Form 990-T for this year?

| | | |
|-----|-----|---|
| 35a | | X |
| 35b | N/A | |

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N

| | | |
|-----|--|---|
| 36 | | X |
| 37b | | X |

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0.

| | | |
|-----|-----|---|
| 38a | | X |
| 38b | N/A | |

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or 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

| | | |
|-----|-----|--|
| 39a | N/A | |
| 39b | N/A | |

39 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

| | | |
|-----|--|---|
| 40a | | |
| 40b | | X |

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

| | | |
|-----|----|--|
| 40b | | |
| 40c | 0. | |

section 4911 ► 0. ; section 4912 ► 0. ; section 4955 ► 0.

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

| | | |
|-----|----|--|
| 40c | | |
| 40d | 0. | |

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 shelter transaction? If "Yes," complete Form 8886-T

| | | |
|-----|----|--|
| 40d | | |
| 40e | 0. | |

41 List the states with which a copy of this return is filed. ► IL

42a The books are in care of ► GUILFORD HS BOOSTER CLUB TREAS Located at ► 5620 SPRINGCREEK ROAD, ROCKFORD, IL Telephone no. ► 815-654-4870 ZIP + 4 ► 61114

| | | |
|-----|--|---|
| 42b | | X |
| 42c | | X |

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)?

| | | |
|-----|--|---|
| 42c | | |
| 42d | | X |

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.

| | | |
|-----|--|---|
| 42d | | |
| 42e | | X |

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

| | | |
|-----|--|--|
| 42e | | |
| 43 | | |

If "Yes," enter the name of the foreign country: ►

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

| | | |
|----|--|-----|
| 43 | | N/A |
| 44 | | X |

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ

| | | |
|----|--|---|
| 44 | | X |
| 45 | | 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 |
| Form 990-EZ (2008) | | |

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

| | | Yes | No |
|-----|--|-----|----|
| 46 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | X |
| 47 | Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | X |
| 48 | Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | X |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization? | 49a | X |
| b | If "Yes," was the related organization(s) a section 527 organization? | 49b | |
| 50 | Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." | | |

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

NONE

Total number of other independent contractors each receiving over \$100,000

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge, the information contained therein is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

8/31/09

Sign Here Signature of officer

171

• LANE

**Paid
Preparer's
Use Only**

Preparer's signature ►

Date _____

Check if self
employed ▶

Properties, Identifiers, Numbers (Section A)

**Firm's name (or yours
if self-employed).**

EIN ►
Phone ►
PC

May the IRS discuss this return with the preparer shown above? See instructions.

Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008
**Open to Public
Inspection**

Name of the organization

Employer identification number

ROCKFORD GUILFORD BOOSTER CLUB, INC.

36-4469491

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.)

| | | |
|----|-------------------------------------|--|
| 1 | <input type="checkbox"/> | A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). |
| 2 | <input type="checkbox"/> | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) |
| 3 | <input type="checkbox"/> | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) |
| 4 | <input type="checkbox"/> | 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 _____ |
| 5 | <input type="checkbox"/> | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) |
| 6 | <input type="checkbox"/> | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). |
| 7 | <input type="checkbox"/> | 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) |
| 8 | <input type="checkbox"/> | A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) |
| 9 | <input checked="" type="checkbox"/> | An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its 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 the Part III.) |
| 10 | <input type="checkbox"/> | An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) |
| 11 | <input type="checkbox"/> | 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). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. |

| | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |

Total

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

Schedule A (Form 990 or 990-EZ) 2008

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 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") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 - 3 | | | | | | |
| 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 | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is 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 | | | | | | |
| 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 ►

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 from 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 line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/> | | |
| 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 ► <input type="checkbox"/> | | |
| 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/> | | |
| 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 ► <input type="checkbox"/> | | |
| 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 ► <input type="checkbox"/> | | |

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

| Calendar 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") | 10,806. | 8,700. | 7,402. | 5,361. | 7,275. | 39,544. |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 85,312. | 79,913. | 88,023. | 65,585. | 62,658. | 381,491. |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 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 | 96,118. | 88,613. | 95,425. | 70,946. | 69,933. | 421,035. |
| 7a Amounts included on lines 1, 2, and 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) | | | | | | 421,035. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|--|-------------|-------------|---------------|-------------|-------------|-----------------|
| 9 Amounts from line 6 | 96,118. | 88,613. | 95,425. | 70,946. | 69,933. | 421,035. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 132. | 108. | 1,289. | 988. | 374. | 2,891. |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 132. | 108. | 1,289. | 988. | 374. | 2,891. |
| 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 (Explain in Part IV) | | | | | | |
| 13 Total support (Add lines 9, 10c, 11, and 12) | | | | | | 423,926. |

14 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 ►

Section C. Computation of Public Support Percentage

| | | | |
|---|----|-------|---|
| 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) | 15 | 99.32 | % |
| 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g | 16 | 99.58 | % |

Section D. Computation of Investment Income Percentage

| | | | |
|--|----|-----|---|
| 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) | 17 | .68 | % |
| 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h | 18 | .42 | % |

19a 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%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►

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 not check a box on line 14, 19a, or 19b, check this box and see instructions ►

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No. 1545-0047

2008
Open To Public
Inspection

► Attach to Form 990 or Form 990-EZ. 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.

Name of the organization

ROCKFORD GUILFORD BOOSTER CLUB, INC.

Employer identification number
36-4469491

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

| | |
|---|--|
| a <input checked="" type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table

| (i) Name of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|--------------------------------------|--|-----------------------------------|---|---|
| | | Yes | No | | |
| <u>GARAGE SALE</u> | <u>GARAGE SALE</u> | | X | <u>6,764.</u> | <u>0.</u> |
| <u>MOONLIGHTBOWL-BOOSTER BASH</u> | <u>MOONLIGHT BOWLING</u> | | X | <u>3,666.</u> | <u>0.</u> |
| <u>MARKET DAY</u> | <u>PERCENT OF SPECIFIC SALES REM</u> | | X | <u>2,989.</u> | <u>0.</u> |
| <u>FATHER DAUGHTER DANCE</u> | <u>DANCE</u> | | X | <u>2,435.</u> | <u>0.</u> |
| <u>MOTHER SON DANCE</u> | <u>PERCENT OF SPECIFIC SALES REM</u> | | X | <u>1,380.</u> | <u>0.</u> |
| <u>BARNES AND NOBLE</u> | <u>PERCENT OF SPECIFIC SALES REM</u> | | X | <u>673.</u> | <u>0.</u> |
| <u>E SCRIP</u> | <u>PERCENT OF SPECIFIC SALES REM</u> | | X | <u>278.</u> | <u>0.</u> |
| <u>SPORTS PHYSICALS</u> | <u>PERCENT OF SPECIFIC SALES REM</u> | | X | <u>170.</u> | <u>0.</u> |
| <u>VILLAGE GREEN NURSERY</u> | <u>PERCENT OF SPECIFIC SALES REM</u> | | X | <u>80.</u> | <u>0.</u> |
| <u>50/50 RAFFLE</u> | <u>RAFFLE</u> | | X | <u>38.</u> | <u>0.</u> |
| Total | | | | 18,473. | 18,473. |

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000

| | | (a) Event #1 (event type) | (b) Event #2 (event type) | (c) Other Events (total number) | (d) Total Events (Add col. (a) through col (c)) |
|-----------------|--|------------------------------|------------------------------|------------------------------------|---|
| | | | | | |
| Revenue | 1 Gross receipts | | | | |
| | 2 Less Charitable contributions | | | | |
| | 3 Gross revenue (line 1 minus line 2) | | | | |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Non-cash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Other direct expenses | | | | |
| | 8 Direct expense summary Add lines 4 through 7 in column (d) | | | | ► () |
| | 9 Net income summary. Combine lines 3 and 8 in column (d) | | | | ► () |

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

| | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (Add col. (a) through col. (c)) |
|-----------------|--|---|---|---|--|
| | | | | | |
| Revenue | 1 Gross revenue | | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Non-cash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) | | | | ► () |
| | 8 Net gaming income summary. Combine lines 1 and 7 in column (d) | | | | ► () |

9 Enter the state(s) in which the organization operates gaming activities: _____

| Yes | No |
|-----|----|
| 9a | |

a Is the organization licensed to operate gaming activities in each of these states? _____

b If "No," Explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

| | |
|-----|--|
| 10a | |
|-----|--|

b If "Yes," Explain:

11 Does the organization operate gaming activities with nonmembers? _____

| | |
|----|--|
| 11 | |
|----|--|

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

| | |
|----|--|
| 12 | |
|----|--|

13 Indicate the percentage of gaming activity operated in:

- a** The organization's facility
- b** An outside facility

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 contract with a third party from whom the organization receives gaming revenue?**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____**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 proceeds to retain the state gaming license?**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 ► \$ _____

17a

| | | | |
|-------------|----------------|-----------|---|
| FORM 990-EZ | OTHER EXPENSES | STATEMENT | 1 |
|-------------|----------------|-----------|---|

| DESCRIPTION | AMOUNT |
|-------------------------------|--------|
| BANK FEES | -3. |
| MISCELLANEOUS | 319. |
| OFFICE SUPPLIES | 260. |
| TOTAL TO FORM 990-EZ, LINE 16 | 576. |

| | | | |
|-------------|-------------------|-----------|---|
| FORM 990-EZ | OTHER LIABILITIES | STATEMENT | 2 |
|-------------|-------------------|-----------|---|

| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
|--|--------------|-------------|
| APPROPRIATIONS TO GUILFORD HIGH SCHOOL | 34,724. | 34,638. |
| TOTAL TO FORM 990-EZ, LINE 26 | 34,724. | 34,638. |

| FORM 990-EZ | CASH GRANTS AND ALLOCATIONS | STATEMENT | 3 |
|--|-----------------------------|-------------------------|---------|
| CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS | | DONEE'S RELATIONSHIP | AMOUNT |
| ACADEMICS AND ATHLETICS ROCKFORD GUILFORD HIGH SCHOOL 5620 SPRINGCREEK ROAD ROCKFORD, IL, 61114 | | NONE | 28,000. |
| TOTAL INCLUDED ON FORM 990-EZ, LINE 10 | | | 28,000. |

FORM 990-EZ

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 7A

STATEMENT 4

INCOME

| | |
|--|--------|
| 1. GROSS RECEIPTS | 44,185 |
| 2. RETURNS AND ALLOWANCES | |
| 3. LINE 1 LESS LINE 2 | 44,185 |
| 4. COST OF GOODS SOLD (LINE 13) | 27,474 |
| 5. GROSS PROFIT (LINE 3 LESS LINE 4) | 16,711 |

COST OF GOODS SOLD

| | |
|---|--------|
| 6. INVENTORY AT BEGINNING OF YEAR | 0 |
| 7. MERCHANDISE PURCHASED | 27,474 |
| 8. COST OF LABOR | |
| 9. MATERIALS AND SUPPLIES | |
| 10. OTHER COSTS | |
| 11. ADD LINES 6 THROUGH 10 | 27,474 |
| 12. INVENTORY AT END OF YEAR | 0 |
| 13. COST OF GOODS SOLD (LINE 11 LESS LINE 12) . . | 27,474 |

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 5

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

SUPPORT EDUCATIONAL ACTIVITIES. ALL FUNDS ARE USED TO SUPPORT ACADEMIC AND ATHLETIC ATIVITIES OF ROCKFORD GUILFORD HIGH SCHOOL PUBLIC DISTRICT 205