

See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490



efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93492027004040

Form **990-EZ**

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)

▶ Sponsoring organizations 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

A For the 2008 calendar year, or tax year beginning 07-01-2008 , and ending 06-30-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
ROTARYONE FOUNDATION INC

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
65 W JACKSON BLVD

City or town, state or country, and ZIP + 4
CHICAGO, IL 606043598

D Employer identification number
36-6067138

E Telephone number
(312) 372-3900

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: ▶ WWW ROTARYONE ORG

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

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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 ▶ $ 722,309

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	95,300
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	73,646
	5a	Gross amount from sale of assets other than inventory	5a 553,363		
	b	Less cost or other basis and sales expenses	5b 776,468		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		5c	-223,105
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $____ _____of contributions reported on line 1)	6a		
	b	Less direct expenses other than fundraising expenses	6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ▶)		8	
	9	**Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ▶		9	-54,159
Expenses	10	Grants and similar amounts paid (attach schedule)		10	91,266
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	37,836
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	2,123
	16	Other expenses (describe ▶)		16	18,416
	17	**Total expenses** (add lines 10 through 16) ▶		17	149,641
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-203,800
	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)		19	2,069,714
	20	Other changes in net assets or fund balances (attach explanation)		20	-229,978
	21	Net assets or fund balances at end of year (combine lines 18 through 20) ▶		21	1,635,936

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	3,892	22	35,775
23	Land and buildings		23	
24	Other assets (describe ▶)	2,068,911	24	1,639,873
25	**Total assets**	2,072,803	25	1,675,648
26	**Total liabilities** (describe ▶)	3,089	26	39,712
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	2,069,714	27	1,635,936

Part III Statement of Program Service Accomplishments (See the instructions for Part III)

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?
ROTARY/ONE FOUNDATION IS AN ILLINOIS NOT-FOR-PROFIT CORPORATION ORGANIZED IN 1938 TO ENCOURAGE AND SUPPORT CHARITABLE, BENEVOLENT, AND EDUCATIONAL PROJECTS IN CHICAGO METROPOLITAN AREA THE CURRENT MISSION OF THE FOUNDATION IS TO SECURE THE RESOURCES NECESSARY TO SUPPORT THE SERVICE MISSION OF THE ROTARY CLUB OF CHICAGO THE ROTARY CLUB OF CHICAGO WAS ORGANIZED IN 1905 AS THE WORLD'S FIRST SERVICE CLUB

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

28 See Additional Data Table (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**28a**		
29 (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**29a**		
30 (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**30a**		
31 Other program services (attach schedule) . . . . . . (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**31a**		
32 Total program service expenses (add lines 28a through 31a) . . . . . ▶	**32**	91,266	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	**(b)** Title and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-.)**	**(d)** Contributions to employee benefit plans & deferred compensation	**(e)** Expense account and other allowances
See Additional Data Table				

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

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		No
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	34		No
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*			
a	Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? *If "Yes," complete applicable parts of Schedule N*	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		
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?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	*501(c)(7) organizations.* Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	*Section 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			
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.*	40b		No
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	Enter amount of tax on line 40c reimbursed by the organization ▶ 0			
e	*All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	40e		No

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

42a The books are in care of ▶ effectus LLC Telephone no ▶ (708) 613-5150

Located at ▶ 65 W JACKSON BLVD CHICAGO, IL ZIP + 4 ▶ 60604

			Yes	No
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)?	42b		No
	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 ?	42c		No
	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

			Yes	No
44	Did the organization maintain any donor advised funds? *If "Yes", Form 990 must be completed instead of Form 990-EZ.*	44		No
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		No

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		No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
b	If "Yes," was the related organization(s) a section 527 organization?		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than $100,000 of compensation from the organization If there are none, enter "None "

(a) Name and address of each employee paid more than $100,000	**(b)** Title and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans & deferred compensation	**(e)** Expense account and other allowances
NONE				
Total number of other employees paid over $100,000 ▶				

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 are none, enter "None "

(a) Name and address of each independent contractor paid more than $100,000	**(b)** Type of service	**(c)** Compensation
NONE		
Total number of other independent contractors receiving over $100,000 ▶		

Please Sign Here

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

****** — Signature of officer — 2010-01-08 — Date

CLIFTON FENTON PRESIDENT — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ ROBERT J MARSCHALK	Date	Check if self-empolyed ▶ ☐	Preparer's PTIN (See Gen Inst X)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BANSLEY AND KIENER LLP 8745 WEST HIGGINS ROAD SUITE 200 CHICAGO, IL 606312704			EIN ▶ Phone no ▶ (312) 263-2700

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☑ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93492027004040

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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

Name of the organization
ROTARYONE FOUNDATION INC

Employer identification number
36-6067138

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**

2 ☐ A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a 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 _____

5 ☐ 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 ☐ A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v).**

7 ☑ 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 ☐ A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% 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 331/3% 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)

11 ☐ 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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ 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)

f 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 ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(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 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)**		

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(See Instructions)**)	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of support?
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in IRC 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.)

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 ")	335,261	65,072	95,336	62,230	95,300	653,199
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 line 1-3	335,261	65,072	95,336	62,230	95,300	653,199
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						653,199

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	335,261	108,584	95,336	62,230	95,300	653,199
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	90,905	108,584	113,192	114,172	73,646	500,499
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)	13,478	18,587				32,065
11 **Total Support** (Add lines 7 through 10)						1,185,763

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 501(c)(3) organization, check this box and **stop here** ☐

Computation of Public Support Percentage

14	Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	**55.090 %**
15	Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	**54.350 %**

16a **33 1/3% 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 ☑

b **33 1/3% Test - 2007.** If the organization did not check the 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 **stop here.** Explain in Part IV how 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 the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ☐

Part III Support Schedule for Organizations Described in IRC 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 ")						
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						
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						
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 Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

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						
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 30 June, 1975						
c 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 (Explain in Part IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18

19a **33 1/3% 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% 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 ☐

Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 36-6067138
Name: ROTARYONE FOUNDATION INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.	Expenses (Required for 501(c)(3) and (4) organizations and 4947 (a)(1) trusts; optional for others.)	
28 SIGNATURE PROJECT - JOB 1 IS A SUMMER INTERNSHIP PROGRAM FOR HIGH SCHOOL STUDENTS, PROVIDING THEM WITH THEIR FIRST REAL JOB THROUGH WORKFORCE READINESS TRAINING (Grants $ 0) If this amount includes foreign grants, check here . . . ▶ ☐	28a	14,457
29 COMMUNITY SERVICES - INCLUDES MANY COMMUNITY AND INTERNATIONAL SERVICE PROJECTS THAT HAVE BEEN ADOPTED BY THE ROTARY CLUB OF CHICAGO (Grants $ 0) If this amount includes foreign grants, check here . . . ▶ ☐	29a	60,000
30 ROTARY INTERNATIONAL - SUPPORT THE INTERNATIONAL SERVICE EFFORT (Grants $ 0) If this amount includes foreign grants, check here . . . ▶ ☐	30a	12,700
ARCHIVES PROJECT - TO PRESERVE THE HERITAGE OF THE 100 YEARS OF SERVICE PROVIDED BY THE ROTARY CLUB OF CHICAGO (Grants $ 0) If this amount includes foreign grants, check here . . . ▶ ☐		4,109

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Clifton Fenton 65 W JACKSON BLVD CHICAGO,IL 60604	CHAIR AND PRESIDENT 3 00	0	0	0
SUSAN RATERMAN EASLEY 65 W JACKSON BLVD CHICAGO,IL 60604	Vice-Chair 1 00	0	0	0
John Alberts 65 W JACKSON BLVD CHICAGO,IL 60604	SECRETARY 2 00	0	0	0
EVY ALSAKER 65 W JACKSON BLVD CHICAGO,IL 60604	TRUSTEE 1 00	0	0	0
DAVID DURHAM 65 W JACKSON BLVD CHICAGO,IL 60604	TRUSTEE 1 00	0	0	0
ROBERT HUDSON JR 65 W JACKSON BLVD CHICAGO,IL 60604	TRUSTEE 1 00	0	0	0
KEVIN KEMP 65 W JACKSON BLVD CHICAGO,IL 60604	TRUSTEE 1 00	0	0	0
ANDREA LUEHMANN 65 W JACKSON BLVD CHICAGO,IL 60604	TREASURER 1 00	0	0	0
GEORGE SLADOJE 65 W JACKSON BLVD CHICAGO,IL 60604	TRUSTEE 1 00	0	0	0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492027004040

TY 2008 Grants and Similar Amounts Paid Schedule

Name: ROTARYONE FOUNDATION INC

EIN: 36-6067138

Item No.	1
Class of Activity	ARCHIVES PROJECT
Donee's Name	ROTARY CLUB OF CHICAGO
Donee's Address	65 W JACKSON BLVD CHICAGO, IL 60604
Amount (FMV)	4,109
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2008-07

Item No.	2
Class of Activity	COMMUNITY SERVICES
Donee's Name	ROTARY CLUB OF CHICAGO
Donee's Address	65 W JACKSON BLVD CHICAGO, IL 60604
Amount (FMV)	60,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2008-07

Item No.	3
Class of Activity	SIGNATURE PROJECT - JOB 1
Donee's Name	ROTARY CLUB OF CHICAGO
Donee's Address	65 W JACKSON BLVD CHICAGO, IL 60604
Amount (FMV)	14,457
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2008-07

Item No.	4
Class of Activity	ROTARY INTERNATIONAL
Donee's Name	ROTARY CLUB OF CHICAGO
Donee's Address	65 W JACKSON BLVD CHICAGO, IL 60604
Amount (FMV)	12,700
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2008-07

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492027004040

TY 2008 Other Assets Schedule

Name: ROTARYONE FOUNDATION INC

EIN: 36-6067138

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS RECEIVABLE	3,658	43,160
DUE FROM ROTARY CLUB GENERAL FUND	4,807	0
ACCRUED INVESTMENT INCOME	1,755	0
INVESTMENTS - AT FAIR VALUE	2,058,691	1,596,713

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492027004040

TY 2008 Other Changes in Net Assets Schedule

Name: ROTARYONE FOUNDATION INC

EIN: 36-6067138

Description	Amount
UNREALIZED LOSS ON INVESTMENTS	-229,978

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492027004040

TY 2008 Other Expenses Schedule

Name: ROTARYONE FOUNDATION INC

EIN: 36-6067138

Description	Amount
BAD DEBT EXPENSE	2,875
BANK CHARGES	111
ANNUAL CAMPAIGN EXPENSE	3,115
CREDIT CARD FEES	42
INSURANCE	328
INVESTMENT MANAGEMENT FEES	11,945

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492027004040

TY 2008 Other Liabilities Schedule

Name: ROTARYONE FOUNDATION INC

EIN: 36-6067138

Description	Beginning of Year Amount	End of Year Amount
Accounts Payable	3,089	6,840
GRANT PAYABLE	0	32,872

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492027004040

TY 2008 Transfers Personal Benefits Contracts Declaration

Name: ROTARYONE FOUNDATION INC

EIN: 36-6067138

Declaration: The organization did not, during the year, receive any funds, directly,or indirectly, to pay premiums on a personal benefit contract.The organization, did not, during the year, pay any premiums, directly,or indirectly, on a personal benefit contract.