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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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 SEPTEMBER 01, 2008, and ending AUGUST 31, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Doing Business As MDRT FOUNDATION	D Employer identification number 36-6080766
		Number and street (or P.O. box if mail is not delivered to street address) 325 WEST TOUHY AVENUE	E Telephone number (847) 692-6378
		City or town, state or country, and ZIP + 4 PARK RIDGE IL 60068	G Gross receipts \$ 8,235,788
		F Name and address of principal officer	
		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) (insert no) 4947(a)(1) or 527			
J Website: N/A			
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation 1959	M State of legal domicile IL

Part I Summary

ACTIVITIES & GOVERNANCE	1	Briefly describe the organization's mission or most significant activities TO INCREASE MEMBER AND INDUSTRY PARTICIPATION IN CHARITABLE ACTIVITY AND TO GIVE FUNDS TO WORTHWHILE CHARITABLE ORGANIZATIONS THROUGHOUT THE WORLD.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	15
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5	Total number of employees (Part V, line 2a)	5	
	6	Total number of volunteers (estimate if necessary)	6	350
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
REVENUE	8	Contributions and grants (Part VIII, line 1h)	Prior Year 3,924,379	Current Year 2,377,716
	9	Program service revenue (Part VIII, line 2g)		48,872
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,111,578	78,999
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	393,750	-36,792
	12	Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,429,707	2,468,795
EXPENSES	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,805,054	2,009,647
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	65,954	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) 269,819		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f, 11g, 11h, 11i, 11j, 11k, 11l, 11m, 11n, 11o, 11p, 11q, 11r, 11s, 11t, 11u, 11v, 11w, 11x, 11y, 11z)	732,796	794,770
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,603,804	2,804,417
	19	Revenue less expenses Subtract line 18 from line 12	2,825,903	-335,622
	20	Total assets (Part X, line 16)	Beginning of Year 25,392,859	End of Year 22,929,652
	21	Total liabilities (Part X, line 26)	273,162	115,512
22	Net assets or fund balances Subtract line 21 from line 20	25,119,697	22,814,140	

Part II Signature Block

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 Jally W. Mumford		Date 10/26/09
Paid Preparer's Use Only	Type or print name and title Jally W. Mumford President		
	Preparer's signature Michael A. Cam	Date 10/21/09	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 CAIDWELL, COREN & COMPANY, LTD. 8170 SOUTH CASS DARIEN, IL 60561-	EIN	Preparer's identifying number (see instr.) Phone no (630) 960-2135

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

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Part III Statement of Program Service Accomplishments (see instructions)

- 1 Briefly describe the organization's mission
**TO INCREASE MEMBER AND INDUSTRY PARTICIPATION IN CHARITABLE ACTIVITY
 AND TO GIVE FUNDS TO WORTHWHILE CHARITABLE ORGANIZATIONS THROUGHOUT
 THE WORLD.**
-
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes," describe these new services on Schedule O
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code _____) (Expenses \$ 1,724,647 including grants of \$ 1,724,647) (Revenue \$ _____)
SEE ATTACHMENT #1

4b (Code _____) (Expenses \$ 247,244 including grants of \$ 210,000) (Revenue \$ _____)

4c (Code _____) (Expenses \$ 88,302 including grants of \$ 75,000) (Revenue \$ _____)

4d Other program services (Describe in Schedule O)

(Expenses \$ 197,577 including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ► \$ 2,257,770 (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	N/A	
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the U S ?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	N/A	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	N/A	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	N/A	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV		X
b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.		
1a	2		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).	N/A	
2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3a			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	N/A	
3b			
4a	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)?		X
4a			
b	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.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5a			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5b			
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	N/A	
5c			
6a	Did the organization solicit any contributions that were not tax deductible?		X
6a			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
6b			
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	X	
7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
7h			
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
8			
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
9b			
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	X
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	

Part VI**Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

		Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	15	
1b	Enter the number of voting members that are independent	15	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	X	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?	X	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990.		X
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13.	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done.	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a	The organization's CEO, Executive Director, or top management official?		X
b	Other officers or key employees of the organization?		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	N/A	

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ► <u>IL</u>
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► <u>SEE ATTACHMENT #2</u>

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☒ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		INDIVIDUAL	DIRECTOR	INSTITUTIONAL	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED	FORMER			
SALLY W MUNFORD PRESIDENT	10.00	X			X				0	0	0
ROBELYNN H ABADIE VICE PRESIDENT	10.00	X			X				0	0	0
GILBERT A HAGGART TREASURER	10.00	X			X				0	0	0
BARBARA PIETRANGELO SECRETARY	10.00	X			X				0	0	0
ROBERT L AVERY TRUSTEE	4.00	X							0	0	0
JAMES V DURKIN TRUSTEE	4.00	X							0	0	0
H LARRY FORTENBERRY TRUSTEE	4.00	X							0	0	0
BRIAN D HECKERT TRUSTEE	4.00	X							0	0	0
BRENT R KIMBALL TRUSTEE	4.00	X							0	0	0
JOANN M MARTIN TRUSTEE	4.00	X							0	0	0
MARC A SILVERMAN TRUSTEE	4.00	X							0	0	0
MARIA UMBACH TRUSTEE	4.00	X							0	0	0
DAVID WILKEN TRUSTEE	4.00	X							0	0	0
JERRY D SEMLER TRUSTEE	4.00	X							0	0	0
WALTON W ROGERS TRUSTEE	4.00	X							0	0	0

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		INDIVIDUAL	DIRECTOR	INSTITUTIONAL	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED	FORMER			

	Yes	No
3		X
4		X
5		X

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
OTHER SIMILAR AMOUNTS AND OTHERS	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, & similar amounts not included above	1f	2,377,716			
	g	Noncash contributions included in lines 1a-1f	\$				
	h	Total. Add lines 1a-1f		2,377,716			
P R O G R A M R E V E N U E	2a	DONOR ADVISED FEES	Business Code 525920	48,872	48,872		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		48,872			
O T H E R R E V E N U E	3	Investment income (including dividends, interest, and other similar amounts)		510,516			510,516
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross Rents	(i) Real (ii) Personal				
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		-431,517			-431,517
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a 34,500				
	b	Less direct expenses	b 47,174				
	c	Net income or (loss) from fundraising events		-12,674	-12,674		
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code				
11a	LIFE INSURANCE DEATH B	524298	55,220	55,220			
b	DECREASE IN CASH SURRE	524298	-79,338	-79,338			
c							
d	All other revenue						
e	Total. Add lines 11a-11d		-24,118				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		2,468,795	12,080		78,999	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,958,647	1,958,647		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	51,000	51,000		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management	100,000	23,467	44,486	32,047
b Legal	19,655	13,798	5,857	
c Accounting	24,550	14,050	10,500	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	160,574	103,060	57,514	
g Other	96,227		63,861	32,366
12 Advertising and promotion				
13 Office expenses	15,873	18	15,855	
14 Information technology	8,000	8,000		
15 Royalties				
16 Occupancy				
17 Travel	131,031	50,546	23,498	56,987
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	44,882	454	25,749	18,679
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization #4	23,597			23,597
23 Insurance				
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a PRINTING	43,714	2,519		41,195
b GRANT ADMINISTRATION	27,943	23,000	4,943	
c EDUCATION	21,059			21,059
d MARKETING/DIRECT MAIL	17,683	9,211		8,472
e ANNUAL CAMPAIGN	17,389			17,389
f All other expenses #5	42,593		24,565	18,028
25 Total functional expenses. Add lines 1 through 24f	2,804,417	2,257,770	276,828	269,819
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
A S S E T S	1 Cash -- non-interest bearing	363,489	1	213,298
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	179,914	4	97,233
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	19,500	9	23,155
	10a Land, buildings, and equipment cost basis	10a 117,987		
	b Less accumulated depreciation Complete Part VI of Schedule D	10b 23,597	10c	94,390
	11 Investments -- publicly traded securities	19,221,728	11	16,977,062
	12 Investments -- other securities See Part IV, line 11		12	
	13 Investments -- program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	5,608,228	15	5,524,514
16 Total assets. Add lines 1 through 15 (must equal line 34)	25,392,859	16	22,929,652	
L I A B I L I T I E S	17 Accounts payable and accrued expenses	273,162	17	115,512
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	273,162	26	115,512
F U N D A S S E T B A L A N C E S	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	25,119,697	27	22,814,140
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	25,119,697	33	22,814,140
	34 Total liabilities and net assets/fund balances	25,392,859	34	22,929,652

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits?	N/A	

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.")	3,234,508	4,382,564	6,494,792	3,924,379	2,377,716	20,413,959
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	3,234,508	4,382,564	6,494,792	3,924,379	2,377,716	20,413,959
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)						4,769,700
6 Public support. Subtract line 5 from line 4						15,644,259

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	3,234,508	4,382,564	6,494,792	3,924,379	2,377,716	20,413,959
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	218,436	381,695	502,817	652,141	510,516	2,265,605
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)	730,335	216,930	261,325	393,750	12,080	1,614,420
11 Total support. Add lines 7 through 10						24,293,984
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	64.40 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	86.69 %
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 checked="" 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"/>		

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

MILLION DOLLAR ROUND TABLE FOUNDATION

Employer identification number

36-6080766

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	83	
2 Aggregate contributions to (during year)	591,512	
3 Aggregate grants from (during year)	977,580	
4 Aggregate value at end of year	6,822,717	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☒ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☒ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(I) Revenues included in Form 990, Part VIII, line 1	► \$
(II) Assets included in Form 990, Part X	► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1	► \$
b Assets included in Form 990, Part X	► \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table.

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	11,829,235				
b Contributions	175,000				
c Investment earning or losses	-1,017,318				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	38,469				
g End of year balance	10,948,448				

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ☒ 100 %

b Permanent endowment ☐ %

c Term endowment ☐ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		X

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments -- Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		117,987	23,597	94,390
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c))				94,390

Part VII Investments -- Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12)		

Part VIII Investments -- Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13)		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
SEE ATTACHMENT #6	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15)	5,524,514

Part X Other Liabilities. See Form 990, Part X, line 25

(a) Description of liability	(b) Amount
Federal income taxes	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25)	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,468,795
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,804,417
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-335,622
4	Net unrealized gains (losses) on investments	4	-1,969,935
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	-1,969,935
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-2,305,557

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	546,034
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-1,969,935
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	-1,969,935
3	Subtract line 2e from line 1	3	2,515,969
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	-47,174
c	Add lines 4a and 4b	4c	-47,174
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	2,468,795

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	2,851,591
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	47,174
e	Add lines 2a through 2d	2e	47,174
3	Subtract line 2e from line 1	3	2,804,417
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	2,804,417

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

SCHEDULE D PART XII LINE 4B

EXPENSES OF FUND RAISING EVENT: -47,174

SCHEDULE D PART XIII LINE 2D

EXPENSES OF FUND RAISING EVENT: 47,174

Schedule F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► **Attach to Form 990. Complete if the organization answered "Yes" to**
Form 990, Part IV, line 14b, line 15, or line 16.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

MILLION DOLLAR ROUND TABLE FOUNDATION

Employer identification number

36-6080766

Part I

General Information on Activities Outside the United States. Complete if the organization answered

"Yes" to Form 990, Part IV, line 14b

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ **Yes** ☐ **No**

- 2 For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

- 3 Activities per Region** (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
NORTH AMERICA			GRANT MAKING	GRANTS TO LOCAL CHARITABLE ORGANIZATIONS	31,000
SOUTH ASIA			GRANT MAKING	GRANTS TO LOCAL CHARITABLE ORGANIZATIONS	10,000
EAST ASIA AND PACIFIC			GRANT MAKING	GRANTS TO LOCAL CHARITABLE ORGANIZATIONS	10,000
Totals	0	0			51,000

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

Schedule F (Form 990) 2008

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000.

Use Schedule F-1 (Form 990) if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			NORTH AMERICA	ENHANCE LOW INCOME EDUCATIO EXPERIEN	- 15,000	STANDARD CHECK			

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

1

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any other additional information

FORM 990 SCHEDULE F PART I LINE 2

PROCEDURES FOR MONITORING USE OF GRANT FUNDS

THE FOUNDATION REQUIRES POTENTIAL GRANTEES TO PROVIDE
FINANCIAL STATEMENTS AND BUDGETS.
UPON RECEIVING A GRANT, ORGANIZATIONS ARE REQUESTED
TO PROVIDE A REPORT AS TO HOW GRANT FUNDS WERE
USED PURSUANT TO THE PROJECT FOR WHICH
FUNDING WAS AWARDED.

Department of the Treasury
Internal Revenue Service

▶ **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

**Open to Public
Inspection**

36-6080766

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 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 type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2a** 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 individual 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.

[illegible]

- 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.

REVENUE		(a) Event #1 50TH ANNIV (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	34,500			34,500
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	34,500			34,500
DIRECT EXPENSES	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	7,075			7,075
	7 Other direct expenses	40,099			40,099
	8 Direct expense summary Add lines 4 through 7 in column (d)				(47,174)
	9 Net income summary Combine lines 3 and 8 in column (d)				-12,674

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.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) thru col (c))
DIRECT EXPENSES	1 Gross revenue				
	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes _____ % No _____	Yes _____ % No _____	Yes _____ % 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)				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities.		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
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	

Yes No

13 Indicate the percentage of gaming activity operated in**a** The organization's facility**13a**

%

b An outside facility**13b**

%

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?**15a****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?**17a****b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations
Governments and Individuals in the U.S.**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

MILLION DOLLAR ROUND TABLE FOUNDATION

Employer identification number

36-6080766

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

Schedule I-1 (Form 990) if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUL STUDIES INSTITUTE							
STUART FL 34994 COMMUNITY ALLIANCE FOR PROGRESSIVE POSITIVE ACTION	65-1157264	501 (C) (3)	10,000				
WILLIAMSPORT PA 17701 REMOTE AREA MEDICAL FOUNDATION	83-0404170	501 (C) (3)	20,000				
KNOXVILLE TN 37920 O'CONNOR HOSPITAL FOUNDATION	62-1650446	501 (C) (3)	14,000				
SAN JOSE CA 95128 ROOM TO READ	77-0006295	501 (C) (3)	75,000				
SAN FRANCISCO CA 94104 NORTH HAWAII COMMUNITY HOSPITAL	91-2003533	501 (C) (3)	23,364				
KAMUELA HI 96743 WALNUT HILLS HIGH	99-0260423	501 (C) (3)	100,000				
2 Enter total number of section 501(c)(3) and government organizations			152				
3 Enter total number of other organizations							

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

Part III**Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV**Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

FORM 990 SCHEDULE I PART I LINE 2

PROCEDURES FOR MONITORING USE OF GRANT FUNDS

THE FOUNDATION REQUIRES POTENTIAL GRANTEEES TO PROVIDE FINANCIAL STATEMENTS AND BUDGETS. UPON RECEIVING A GRANT, ORGANIZATIONS ARE REQUESTED TO PROVIDE A REPORT AS TO HOW GRANT FUNDS WERE USED PURSUANT TO THE PROJECT FOR WHICH FUNDING WAS AWARDED.

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

MILLION DOLLAR ROUND TABLE FOUNDATION

Employer identification number

36-6080766

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part I)						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance
SCHOOL ALUMNI FDN						
CINCINNATI OH 4520731-14499501 (C) (3)			100,000			
RICE LAKE AREA SCHO DISTRICT						
RICE LAKE WI 54868 39-60041501 (C) (3)			8,333			
POTTERS CHILDREN'S HOME						
AND FAMILY MINISTRI						
BOWLING GREEN KY 4261-05837501 (C) (3)			10,000			
MIDDLETON CHURCH OF CHRIST						
MIDDLETON TN 38052		501 (C) (3)	10,000			
BOLIVAR CHURCH OF CHRIST						
BOLIVAR TN 38008		501 (C) (3)	10,000			
PINE VALE CHILDRENS HOME						
CORINTH MS 38834 64-05192501 (C) (3)			10,000			

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Schedule I-1 (Form 990) 2008

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

MILLION DOLLAR ROUND TABLE FOUNDATION

Employer identification number

36-6080766

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part I)			(g) Description of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(h) Purpose of grant or assistance
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	
VOLUNTEERS IN ASIA					
SAN FRANCISCO CA 94	94-16223501 (C) (3)		11,000		
MAKE A WISH FOUNDATION OF MICHIGAN					
GRAND RAPIDS MI 495	38-25058501 (C) (3)		49,000		
UNITED WAY OF FRESNO COUNTY					
FRESNO CA 93727	94-11565501 (C) (3)		10,500		
AMERICAN ENDOWMENT FOUNDATION					
HUDSON OH 44236	34-17473501 (C) (3)		41,991		
FIRST UNITED METHODIST CHURCH					
COLUMBUS MS 39703	501 (C) (3)		12,000		
CONCORDIA SEMINARY					
ST LOUIS MO 63105	43-06558501 (C) (3)		100,000		
FREED-HARDEMAN UNIVERSITY					

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

MILLION DOLLAR ROUND TABLE FOUNDATION

Employer identification number

36-6080766

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part I)						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance
HENDERSON TN 38340 LIPSCOMB UNIVERSITY	62-05182501 (C) (3)		21,000			
NASHVILLE TN 37204 HARDING UNIVERSITY	62-04857501 (C) (3)		10,000			
SEARCY AR 72149 ST JOHN NEUMANN CATHOLIC CHURCH	71-02368501 (C) (3)		22,000			
FARRAGUT TN 37934 ST PAUL LUTHERAN CHURCH	501 (C) (3)		6,240			
CLAY CENTER KS 674348 CONGO FAMILY RESTORATION	501 (C) (3)		25,200			
LEESBURG VA 20176 HOPE ACADEMY	56-24972501 (C) (3)		35,000			
MINNEAPOLIS MN 554041 OPPORTUNITY	501 (C) (3)		10,000			

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Schedule I-1 (Form 990) 2008

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

MILLION DOLLAR ROUND TABLE FOUNDATION

Employer identification number

36-6080766

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERNATIONAL							
OAK BROOK IL 60523 CRISTO REY NEW YORK HIGH SCHOOL	54-09076501 (C) (3)		10,000				
NEW YORK NY 10029 MOUNTAIN RESOURCE CENTER	03-04957501 (C) (3)		8,800				
CONIFER CO 80433 TRANSITIONS	84-11786501 (C) (3)		8,000				
BELLEVUE KY 41073 CENTRAL OHIO YOUTH CHRIST	61-07071501 (C) (3)		9,400				
COLUMBU OH 43214 HAVEN OF REST MINISTRIES	31-10114501 (C) (3)		8,800				
AKRON OH 44308 ZION LUTHERAN CHURCH	34-07503501 (C) (3)		10,500				
2 Enter total number of Section 501(c)(3) and government organizations							
3 Enter total number of other organizations							

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

Schedule I-1 (Form 990) 2008

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

MILLION DOLLAR ROUND TABLE FOUNDATION

Employer identification number

36-6080766

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAIRPORT HARBOR OH 44077 CHILD EVANGELISM FELLOWSHIP	65-04520501 (C) (3)		7,600				
CUYAHOGA FALLS OH 44221 BOYS AND GIRLS CLUB RICE LAKE	23-72120501 (C) (3)		5,236				
RICE LAKE WI 54868 MAN IN THE MIRROR	39-20252501 (C) (3)		9,000				
CASSELBERRY FL 32705 WISCONSIN LUTHERAN CHAPEL	59-31786501 (C) (3)		9,600				
MADISON WI 53703 HAMETOWN CHRISTIAN ACADEMY	39-12991501 (C) (3)		10,000				
NORTON OH 44203 FELLOWSHIP OF CHRISTIAN ATHLETES	34-14160501 (C) (3)		10,000				

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Schedule I-1 (Form 990) 2008

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

Department of the Treasury
Internal Revenue Service▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).Open to Public
Inspection

Name of the organization

MILLION DOLLAR ROUND TABLE FOUNDATION

Employer identification number
36-6080766

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROANOKE IN 46783 URBAN CONCERN	44-06106501 (C) (3)		6,000				
COLUMBUS OH 43229 MASORTI FDN FOR CONSERVATIVE JUDAIS IN ISRAEL	31-13273501 (C) (3)		9,000				
NEW YORK NY 10115 BIG BROTHERS BIG SISTERS OF NEW YORK CITY	13-31375501 (C) (3)		5,600				
NEW YORK NY FRED HUTCHINSON RESEARCH CENTER FDN	501 (C) (3)		10,000				
SEATTLE WA HABITAT FOR HUMANIT OF GREATER INDIANAPOLIS	91-15404501 (C) (3)		7,000				
INDIANAPOLIS IN	35-17159501 (C) (3)		210,000				
2 Enter total number of Section 501(c)(3) and government organizations							
3 Enter total number of other organizations							

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

Schedule I-1 (Form 990) 2008

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

MILLION DOLLAR ROUND TABLE FOUNDATION

Employer identification number

36-6080766

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part I)						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance
JAMES WHITCOMB RILE HOSPITAL FOR CHILDREN						
INDIANAPOLIS IN KIDS AROUND THE WORLD	35-08681501 (C) (3)		140,000			
ROCKFORD ILL MIDWEST ATHLETES AGAINST CHILDHOOD CANCER	36-40072501 (C) (3)		75,000			
MILWAUKEE WISCONSIN CENTER FOR CHILD PROTECTION		501 (C) (3)	5,500			
AUSTIN TEXAS FSW INC CT	74-25658501 (C) (3)		10,000			
BRIDGEPORT CT THE FOUNDRY RESCUE MISSION AND RECOVERY CENTER	06-06469501 (C) (3)		10,000			
BESSEMER AL	63-06242501 (C) (3)		25,000			

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Schedule I-1 (Form 990) 2008

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

MILLION DOLLAR ROUND TABLE FOUNDATION

Employer identification number

36-6080766

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part I)						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance
(h) Purpose of grant or assistance						
BRAIN TUMOR FOUNDATION FOR CHILDREN						
ATLANTA GA DREAM FACTORY	58-15246501 (C) (3)		10,000			
LOUISVILLE KY HAITIAN HEALTH FOUNDATION	31-10098501 (C) (3)		15,000			
NORWICH CT HHCR FOUNDATION	06-11359501 (C) (3)		10,000			
LEWISVILLE TX HOUSE OF ISAIAH ATHLETES FOR A DRUG FREE AMERICA	26-07942501 (C) (3)		10,000			
MABANK TX IT HAPPENED TO ALEX FOUNDATION	75-23117501 (C) (3)		10,000			
LEWISTON NY KIDS AGAINST HUNGER	59-37637501 (C) (3)		20,000			
2 Enter total number of Section 501(c)(3) and government organizations						
3 Enter total number of other organizations						

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

Schedule I-1 (Form 990) 2008

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

MILLION DOLLAR ROUND TABLE FOUNDATION

Employer identification number

36-6080766

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part I)							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW HOPE MN LAINIES ANGELS	41-19397501	(C) (3)	15,000				
METUCHEN NJ READ IF LOUD FOUNDATION	38-35754501	(C) (3)	10,000				
SAN RAFAEL CA TOURETTE SYNDROME ASSOCIATION	54-21715501	(C) (3)	15,000				
BAYSIDE NY BUBEL/AIKEN FOUNDAT	23-71919501	(C) (3)	7,500				
RALEIGH NC HEIFER PROJECT INTERNATIONAL	20-01464501	(C) (3)	8,000				
LITTLE ROCK AR SISTER KENNY INSTIT FOUNDATION	35-10194501	(C) (3)	75,000				
MINNEAPOLIS MN	41-19529501	(C) (3)	27,007				
2 Enter total number of Section 501(c)(3) and government organizations							▶
3 Enter total number of other organizations							▶

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

Schedule I-1 (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

MILLION DOLLAR ROUND TABLE FOUNDATION

Employer identification number

36-6080766

FORM 990 PART VI SECTION A LINE 3

MANAGEMENT DUTIES DELEGATED TO MANAGEMENT COMPANY

DAY TO DAY MANAGEMENT OF THE FOUNDATION HAS BEEN DELEGATED TO THE MILLION DOLLAR ROUND TABLE UNDER A MANAGMENT AGREEMENT. UNDER THE AGREEMENT THE MILLION DOLLAR ROUND TABLE PROVIDES MANAGEMENT AND ACCOUNTING SERVICES AND FACILITIES FOR AN ANNUAL FEE OF \$100,000. OTHER DIRECT EXPENSES ARE PROCESSED THROUGH THE MILLION DOLLAR ROUND TABLE'S ACCOUNTS PAYABLE AND PAYROLL SYSTEMS AND ARE REIMBURSED BY THE FOUNDATION MONTHLY.

FORM 990 PART VI SECTION B LINE 12C
COMPLIANCE WITH CONFLICT OF INTEREST POLICY

THE FOUNDATION AT ITS FIRST BOARD MEETING EACH YEAR CONDUCTS AN ORIENTATION FOR NEW AND CONTINUING TRUSTEES. AT THIS MEETING POLICIES AND PROCEDURES, INCLUDING THE CONFLICT OF INTEREST POLICY, ARE DISTRIBUTED AND DISCUSSED. TRUSTEES ARE REQUIRED AT THIS MEETING TO COMPLETE AND SIGN A DISCLOSURE STATEMENT WITH REGARD TO POTENTIAL CONFLICTS OF INTEREST.

FORM 990 PART VI SECTION C LINE 19
AVAILABILITY OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS

THE FOUNDATION MAKES AVAILABLE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS UPON WRITTEN REQUEST.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
► See separate instructions.

OMB No. 1545-0047
2008
Open to Public
Inspection

Name of the organization

MILLION DOLLAR ROUND TABLE FOUNDATION

Employer identification number

36-6080766

Part I Identification of Disregarded Entities.

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
THE J ANDERSON FOUNDATION 7501 AUTO CLUB ROAD BLOOMINGTON MN 55438 04-3678396	DONATES TO OTHER 501 (C) (3) ORGANIZATIONS	MINNESOTA	501 (C) (3)	7	N/A

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

JVA 08 990R1

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Schedule R (Form 990) 2008

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Dispropor- tionate allocations?		(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?
							Yes	No		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

		Yes	No
a Receipt of (I) interest (II) annuities (III) royalties (IV) rent from a controlled entity			X
b Gift, grant, or capital contribution to other organization(s)			X
c Gift, grant, or capital contribution from other organization(s)			X
d Loans or loan guarantees to or for other organization(s)			X
e Loans or loan guarantees by other organization(s)			X
f Sales of assets to other organization(s)			X
g Purchase of assets from other organization(s)			X
h Exchange of assets			X
i Lease of facilities, equipment, or other assets to other organization(s)			X
j Lease of facilities, equipment, or other assets from other organization(s)			X
k Performance of services or membership or fundraising solicitations for other organization(s)			X
l Performance of services or membership or fundraising solicitations by other organization(s)			X
m Sharing of facilities, equipment, mailing lists, or other assets			X
n Sharing of paid employees			X
o Reimbursement paid to other organization for expenses			X
p Reimbursement paid by other organization for expenses			X
q Other transfer of cash or property to other organization(s)			X
r Other transfer of cash or property from other organization(s)			X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 1: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2008, or tax period beginning 09-01-2008, and ending 08-31-2009.
------------------------------	--

Name of Organization MILLION DOLLAR ROUND TABLE FOUNDATION	Employer Identification Number 36-6080766
---	--

Part III - Statement of Program Service Accomplishments

Code	Expenses	1,724,647	including Grants of	1,724,647	Revenue
------	----------	-----------	---------------------	-----------	---------

Exempt Purpose Achievements

DONATIONS TO OTHER CHARITABLE ORGANIZATIONS THROUGHOUT THE WORLD.

PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 1: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2008, or tax period beginning 09-01-2008, and ending 08-31-2009.
------------------------------	--

Name of Organization MILLION DOLLAR ROUND TABLE FOUNDATION	Employer Identification Number 36-6080766
---	--

Part III - Statement of Program Service Accomplishments

Code	Expenses	247,244	including Grants of	210,000	Revenue
------	----------	---------	---------------------	---------	---------

Exempt Purpose Achievements

PROVIDED VOLUNTEERS AND FUNDING FOR CONSTRUCTION OF 3 HOUSES IN
INDIANAPOLIS INDIANA IN CONJUNCTION WITH HABITAT FOR HUMANITY

PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 1: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2008, or tax period beginning 09-01-2008, and ending 08-31-2009.
------------------------------	--

Name of Organization MILLION DOLLAR ROUND TABLE FOUNDATION	Employer Identification Number 36-6080766
---	--

Part III - Statement of Program Service Accomplishments

Code	Expenses	88,302	including Grants of	75,000	Revenue
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Exempt Purpose Achievements

PROVIDED VOLUNTEERS AND FUNDING FOR CONSTRUCTION OF A PLAYGROUND IN AN ENPOVERISHED COMMUNITY IN INDIANAPOLIS INDIANA IN CONJUNCTION WITH KIDS AROUND THE WORLD.

BOOKS ARE IN CARE OF

ATTACHMENT 2: FORM 990 PAGE 6, PART VI, SECTION C, LINE 20

OPEN TO PUBLIC INSPECTION	For calendar year 2008 or tax period beginning 09-01, and ending 08-31-2009.
Name of Organization MILLION DOLLAR ROUND TABLE FOUNDATION	Employer Identification Number 36-6080766
Part VII Books In Care of	

Individual Name PATRICK KOZIOL
or
Business Name

Street Address MILLION DOLLAR ROUND TABLE
325 W TOUGY AVENUE

U.S. Address:

Zip code 60068 City PARK RIDGE State IL

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (847) 692-6378

Fax Number

FIVE HIGHEST COMPENSATED INDEPENDENT CONTRACTORS

ATTACHMENT 3: FORM 990 PAGE 8, PART VII, SECTION B

OPEN TO PUBLIC INSPECTION	For calendar year 2008 or tax period beginning 09-01-2008, and ending 08-31-2009.
Name of Organization MILLION DOLLAR ROUND TABLE FOUNDATION	Employer Identification Number 36-6080766

Part VII Five Highest Compensated Independent Contractors

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
MILLION DOLLAR ROUND TABLE 325 WEST TOUHY AVENUE PARK RIDGE, IL 60068	MANAGEMENT SERVICES	100,000

SCHEDULE OF DEPRECIATION AND DEPLETION

ATTACHMENT 4: FORM 990 PAGE 10, PART IX, LINE 22

OPEN TO PUBLIC
INSPECTION

For Calendar year 2008, or tax year period beginning 09-01-2008

and ending 08-31-2009

Name of Organization

MILLION DOLLAR ROUND TABLE FOUNDATION

Employer Identification Number

36-6080766

Description of Property	Date Acquired	Cost or Other Basis	Prior Year Depreciation	Method of Computation	Rate (%) or Life (Years)	Depreciation This Year
CAPITALIZED SOFTWARE	2008-10	117,987		STRAIGHT LINE	20	23,597
Total						23,597

ATTACHMENT 5: FORM 990 PAGE 10, LINE 24 - OTHER EXPENSES

INSPECTION

For calendar year 2008 or tax period beginning 09-01-2008, and ending 08-31-2009.

MILLION DOLLAR ROUND TABLE FOUNDATION

36-6080766

Total	42,593	24,565	18,028
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SCHEDULE D, PART IX - OTHER ASSETS

ATTACHMENT 6: SCH D PAGE 3, PART IX - OTHER ASSETS

OPEN TO PUBLIC INSPECTION	For calendar year 2008 or tax period beginning 09-01-2008, and ending 08-31-2009.	
Name of Organization MILLION DOLLAR ROUND TABLE FOUNDATION		Employer Identification Number 36-6080766
(a) Description		(b) Book value
INVESTMENT IN J ANDERSON FOUNDATION		798,207
CASH SURRENDER VALUE OF LIFE POLICIES		4,726,307
Total		5,524,514