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### Form **990**

### **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

2008

Inter	artment o nal Reve	of the Treasury nue Service		► The organization may have to u	se a copy of this return to	satisfy state	reportin	g requirem	ents	Ор	en to Public Inspection	
	For the	e 2008 calenda	ar year, o	or tax year beginning Oct	1 ,2	008, and e	ending	Sep	30		, 2009	
В		applicable		C Name of organization	<del></del>				D Employ	er Iden	tification Number	
_		[F	Please use IRS label	ALPINE KIWANIS CH	ARTTIES FIIND.	TNC.			51-0	1238	1382	
		- 1	or print or type.	Number and street (or P O box i			oom/sui	te	E Telepho			
		me change	See	PO BOX 5132					,		185-3964	
	_	ial return	specific Instruc-	City, town or country		tate ZIP cod	do + 4		(01)	<i>)</i> 0	03.3304	
		mination	tions.	1							. 120 107	
	H Am	ended return		ROCKFORD		[L 611					\$ 139,107.	
	App	and and a posturing		and address of principal officer			I,	• -	a group return affiliates incli		<b>⊨</b> <del>  •</del>	
				TEHOUSE 2079 MERRICK D		<u>IL 610</u>	<u>'                                    </u>		attach a list		structions) Yes No	
<u>l</u>	Tax-	exempt status	X 501	(c) (3 ) <b>(</b> Insert no )	4947(a)(1) o	r 527	7					
<u>J</u>	Web	site: ► N/A	<u> </u>				]н	(c) Group e	exemption nu	mber •	<u> </u>	
<u>K</u>	Туре	of organization	X Corpora	ation Trust Association	Other ►	L Year of F	ormatio	n 1968	B Mis	tate of	legal domicile IL	
Pa	rt I	Summai										
	1 E	Briefly describe	e the org	janization's mission or most s	ignificant activities.	FUNDI	NG R	AISIN	G_FOR_	CHA	RITIES	
ø	_	<b></b>	_ <del>_</del>		<i></i> <del>_</del> .	<b>- -</b>						
Activities & Governance	_		_ <b>_</b>		. <b></b> .							
Ē	_				. <b></b>							
ŏ				if the organization discontinue	•	sposed of	more	than 259	% of its as		1	
প্ত প্				bers of the governing body (P		• • •			ļ		20	
89			-	t voting members of the gover	ning body (Part VI, Ii	ne 1b)			-		20	
¥				yees (Part V, line 2a)					-	5	105	
Ş				eers (estimate if necessary)	II las 10 salama (0)				-	6 7a	0.	
•		-		usiness revenue from Part VI		)			ŀ	7 a	0.	
	DI	Net unrelated L	Jusiness	taxable income from Form 99	90-1, IIIIe 34					7 13		
	l							<u>P</u>	rior Year	~~	Current Year	
ē				ts (Part VIII, line 1h)					27,4	83.	20,225.	
Revenue		_		ue (Part VIII, line 2g)						27	270	
ě				irt VIII, column (A), lines 3, 4,						37.	379.	
				II, column (A), lines 5, 6d, 8c			•	ļ	51,0		56,049.	
				nes 8 through 11 (must equal		line 12)		-	79,2		76,653.	
				ounts paid (Part IX, column (A					62,7	62.	62,769.	
				members (Part IX, column (A)				<u> </u>				
ø	15 9	Salaries, other	compen	isation, employee benefits (Pa	art IX, column (A), lın	es 5-10)				0.	0.	
Expenses	16a F	Professional fu	ındraisin	g fees (Part IX, column (A), I	ne 11e)							
<del>8</del>	ЬΊ	Total fundraisir	ng expen	nses (Part IX, column (D), line	25) ▶		0.					
ŭ			-	X, column (A), lines 11a-11d,					3,7	96.	1,291.	
		•	-	nes 13-17 (must equal Part IX		-0			66,5		64,060.	
				Subtract line 18 from line 1		NO.			12,7		12,593.	
* 8			, pooo	08	JAN 2 7 2010	191		Pogin	ning of Y		End of Year	
age of	20 7	Total assets (P	Part Y Jur		JAN & 0 2010	ונטו		- Begin	176,9		176,653.	
89	21 7	Total liabilities	(Part Y	luno 26)		그뜨		_	11013	<del>)</del> 0.	170/0331	
Net Assets or Fund Balancos	20 1	Notal madmited		Cubband land 21 from b	AGDEN. U	Τ			176 0		176 652	
	<u>22 N</u> rt II	Signatui	und bala	inces Subtract line 21 from li	ne209.5				176,9	31.	176,653.	
Га	11.11	Jigilatui	E DIOC	<u>^N</u>								
		true, correct, and	of perjury, a complete	I declare that I have examined this retu Declaration of preparer (other than of	irn, including accompanying ficer) is based on all informa	schedules ar ation of which	nd stater i prepare	nents, and er has any l	to the best of	my kn	owledge and belief, it is	
c:		<b> </b> ► . \( \) \( \) \( \)	`U	Whatehous	<b>2</b> .			1	Varan da		m 18,2009	
Siç He		Signature of	officer		<u> </u>	· ·		D	6	- 700	1 10,000	
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		Type or prin		EHOUSE				TREAS	UKEK			
_		1,700 0. 0.		· ••••		Date		- T.	a aloud	ĪΡ	reparer's identifying number	
Pa	id		,	) 1		Date		se		(s	reparer's identifying number see instructions)	
Pre		Preparer's signature	<b>_</b> d ·	M. M.	121	01.11	1 /1 ^		nployed	니		
	rer's		<u>- 100</u>	iana 1/ Mux	CIA	01/1	1/10					
Us		Firm's name (or yours if self-		nn R. Griffis & Co	<del></del>							
On		employed), address, and							EIN ►			
		ZIP + 4	Roc	kford	IL 61	108	_	Ph	none no	(81	<del></del>	
May	the IR	S discuss this	return w	with the preparer shown above	? (see instructions)						X Yes No	

		1-02383	32		Page 2
_	t III Statement of Program Service Accomplishments (see instructions)				
1	,				
	FUNDING RAISING FOR CHARITIES				
_					
2	Did the organization undertake any significant program services during the year which were not listed on the pri	or $\Box$			
	Form 990 or 990-EZ?		Yes	X	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?	$\sqcup$	Yes	X	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 expand 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocal expenses, and revenue, if any, for each program service reported.	enses Sect tions to othe	on 501 rs, the	(c)(3) total	
4:	(Code ) (Expenses \$ 63,099. including grants of \$ 55,769.) (Revei	nue \$	5	6,04	49.)
7.	GRANTS TO COMMUNITY CHARITABLE ORGANIZATIONS				
					. – – .
41	(Code) (Expenses \$7,000. including grants of \$7,000.) (Rever	nue \$			0.)
	SCHOLARSHIPS FOR COLLEGE GIVEN TO INDIVIDUALS				
		<b>-</b> -			
					- <b>-</b> -
					•
40	: (Code) (Expenses \$ including grants of \$) (Rever	nue \$			)
		<u>-</u>			
					- <b>-</b> -
		<b></b>			
					<b></b> -
40	Other program services. (Describe in Schedule O )				
	(Expenses \$ including grants of \$ ) (Revenue \$			)_	
46	Total program service expenses ► \$ 70,099. (Must equal Part IX, Line 25, column (B))				
	The state of the s				

			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	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
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	3		х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		Х
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	5		
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	6		Х
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	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
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	9_		х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		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, VIII, IX, or X as applicable	11		Х
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	12		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Х
١	<b>b</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.? <i>If 'Yes,' complete Schedule F, Part I</i>	14b		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	15		х
	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	16		X
	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	17		X
	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	_X_	
	Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19 20		X
20 21	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H  Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	х	
	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	X	
	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	23	Λ	x
	Schedule 3	23		
24 8	a 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, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,'go to question 25	24a		х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(	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?	24c		
c	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? .	24d		
25 a	a 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	25a		х
i	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	25b		х
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	26		х
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	27		х
		_	000	2000

Form 990 (2008) ALPINE KIWANIS CHARITIES FUND, INC.

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	28a		Х
	<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b		Х
	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	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32_		х
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	33		х
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	34_	х	
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	35		х
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	36		Х
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	37		х
2 A /		Form	aan /	SUUS

Tart V   Statements Regarding Other Into Finings and Tax Compilance		Vaa	Al-
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		Yes	No
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	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 (			
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		х
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	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)?	4a		Х
<b>b</b> If 'Yes,' enter the name of the foreign country:			
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , 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?	5a		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
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?	5с		
6a Did the organization solicit any contributions that were not tax deductible?	6a		Х
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	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?	7a		Х
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d	. !		ĺ
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	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?	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?	9a		
<b>b</b> Did the organization make any distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12			1
<b>b</b> Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		1
11 Section 501(c)(12) organizations. Enter	]		
a Gross income from other members or shareholders	]		ĺ
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
BAA	Form	990 (	2008

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

Sec	ction A. Governing Body and Management			
	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		Yes	No
1 8	a Enter the number of voting members of the governing body 1a 20	┙	ŀ	
1	b Enter the number of voting members that are independent 1b 20	_		
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?	2		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?	3		х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		x
6	Does the organization have members or stockholders?	6		X
	· ·	<u> </u>		<del>                                     </del>
	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a 7b		X
	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	/B		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	<u> </u>
	Each committee with authority to act on behalf of the governing body?	8b	, X	
98	a Does the organization have local chapters, branches, or affiliates?	9a		X
١	olf '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?	9b		
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	10	х	
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	11		x
Sac	tion B. Policies		•	
<u> </u>	tion b. Foncies			
<u> </u>	Mon B. Toncies		Yes	No
	Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Yes	No X
12:		12a 12b	Yes	
12 i	a Does the organization have a written conflict of interest policy? If 'No,' go to line 13  Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise		Yes	
12 i	a Does the organization have a written conflict of interest policy? If 'No,' go to line 13  Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in	12b	Yes	
12;           	Does the organization have a written conflict of interest policy? If 'No,' go to line 13  Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12b	Yes	Х
12;           	a Does the organization have a written conflict of interest policy? If 'No,' go to line 13  Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?	12b 12c 13	Yes	X
12; 1 13 14 15	Does the organization have a written conflict of interest policy? If 'No,' go to line 13  Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done  Does the organization have a written whistleblower policy?	12b 12c 13	Yes	X
12 a l l l l l l l l l l l l l l l l l l	a Does the organization have a written conflict of interest policy? If 'No,' go to line 13  Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  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	12b 12c 13 14	Yes	X X X
12 a l l l l l l l l l l l l l l l l l l	Does the organization have a written conflict of interest policy? If 'No,' go to line 13  Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  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  The organization's CEO, Executive Director, or top management official?	12b 12c 13 14	Yes	х х х
12 a l	Does the organization have a written conflict of interest policy? If 'No,' go to line 13  Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  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  The organization's CEO, Executive Director, or top management official?  Other officers of key employees of the organization?  Describe the process in Schedule O (see instructions)  Dod the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable	12b 12c 13 14	Yes	X X X X
122 13 14 15 162	a Does the organization have a written conflict of interest policy? If 'No,' go to line 13  Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  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  The organization's CEO, Executive Director, or top management official?  Other officers of key employees of the organization?  Describe the process in Schedule O (see instructions)  Dod the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	12b 12c 13 14 15a 15b	Yes	х х х
122 13 14 15 162	Does the organization have a written conflict of interest policy? If 'No,' go to line 13  Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  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  The organization's CEO, Executive Director, or top management official?  Other officers of key employees of the organization?  Describe the process in Schedule O (see instructions)  Dod the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable	12b 12c 13 14 15a 15b	Yes	X X X X
122 13 14 15 162	a Does the organization have a written conflict of interest policy? If 'No,' go to line 13  Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  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  The organization's CEO, Executive Director, or top management official?  Other officers of key employees of the organization?  Describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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	12b 12c 13 14 15a 15b	Yes	X X X X
12; 13 14 15 16; 1	a Does the organization have a written conflict of interest policy? If 'No,' go to line 13  Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  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  The organization's CEO, Executive Director, or top management official?  Other officers of key employees of the organization?  Describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  Of 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?	12b 12c 13 14 15a 15b	Yes	X X X X
122 III III III III III III III III III	a Does the organization have a written conflict of interest policy? If 'No,' go to line 13  Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  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  The organization's CEO, Executive Director, or top management official?  Other officers of key employees of the organization?  Describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  Off '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?  Cition C. Disclosures  List the states with which a copy of this Form 990 is required to be filed Illinois  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) a inspection. Indicate how you make these available Check all that apply	12b 12c 13 14 15a 15b 16a		X X X X
122 III III III III III III III III III	a Does the organization have a written conflict of interest policy? If 'No,' go to line 13  Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  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  The organization's CEO, Executive Director, or top management official?  Other officers of key employees of the organization?  Describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  Dif '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?  List the states with which a copy of this Form 990 is required to be filed   Tilinois  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) a inspection. Indicate how you make these available Check all that apply  Own website  Another's website  W Upon request  Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest politics.	12b 12c 13 14 15a 15b 16a 16b	for pu	X X X X
12; 13 14 15 16; 18 Sec 17	a Does the organization have a written conflict of interest policy? If 'No,' go to line 13  Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  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  The organization's CEO, Executive Director, or top management official?  Other officers of key employees of the organization?  Describe the process in Schedule O (see instructions)  a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  Of '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?  List the states with which a copy of this Form 990 is required to be filed   Illinois  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) a inspection. Indicate how you make these available Check all that apply  Own website  Another's website	12b 12c 13 14 15a 15b 16a 16b vailable	for pu	X X X X

### 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) or more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and 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

(A) Check this box if the organization did not compensate (B)					c)			(D)	(E)	(F)
Name and Title	Average hours per week	Position (check all that apply)					_	Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	adividi el frustee or director	mshtutional trustee	Office	Key employee	Higł est coin, zensated employee	Fusner	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
MICHAEL SIMMONS										
PRESIDENT	2.00			X						
JEANNE SULLIVAN				x						
VICE PRESIDENT	2.00			<u>  ^</u>	_				•	
MALEEAH CURVAS PRESIDENT ELECT	2.00			x						
DAVID WHITEHOUSE										
TREASURER	6.00		ŀ	х						
RONALD C JANECEK								_		
SECRETARY	4.00			X						
	,									
			ļ				<u> </u>	·		

Form 990 (2008) ALPINE KIWANIS	CHARITIES	FUND	, 1	NC						51-023838		P	age 8
Part VII   Section A. Officers, Di	rectors, Trust		(ey	<u>E</u> m			es,	and			loyee		nt.)_
(A)		(B)			(0	-	<b>.</b>		(D)	(E)		(F)	
Name and Title		Average hours per week		Institutional trustee	Officer		Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amo con f orç ar	stimated unt of off off off off off off off off off	her on n d
											ļ . <u>.</u>		
											ļ		
										· · · · · · · · · · · · · · · · · · ·			
											<u> </u>		
1 b Total								<u> </u>					
2 Total number of individuals (includir organization ►	ng those in 1a) wh	no recei	ved .	mor	e th	an \$	\$100	,000	) in reportable con	npensation from the	e 	T	
3 Did the organization list any former on line 1a? If 'Yes,' complete Sched	officer, director o	r trustee	e, ke	y er	nplo	yee	e, or	high	nest compensated	employee	3	Yes	No
4 For any individual listed on line 1a, the organization and related organiz			com ,000	pens	satic 'Yes	on a s' cc	nd o	ther ete	compensation fro Schedule J for suc	om ch			X
<ul><li>Individual</li><li>Did any person listed on line 1a recovered to the organization? If 'Yes</li></ul>											4		X
	s,' complete Sche	dule J f	or su	uch	pers	on			<del></del>		5		Х
Section B. Independent Contractors  1 Complete this table for your five hig compensation from the organization	hest compensated	d indepe	ende	nt c	ontr	acto	ors tl	hat r	received more that	n \$100,000 of			
(A) Name and business address  (B) Description of Services										Compe	C) ensatio	n	
			-					_					
													_
	<del></del>			_		_		-	<del>-</del>				
2 Total number of independent contra-	_	nose in	1) w	ho r	ecei	ved	moi	re th	an \$100,000 in				

Pa	rt V	III Statement of Re	evenue					· · · · · · · · · · · · · · · · · · ·	
						<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S	1a	Federated campaigns		1 a					
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	b	Membership dues	Ī	1 b					
P G	c	Fundraising events		1c	. <u> </u>				
E A		Related organizations	Ī	1 d					
S, G		Government grants (contribution	ons)	1 e					
Sil		• ,	·			İ			
돌	ī	All other contributions, gifts, g similar amounts not included	grants, and   ahove	1f	20,225.				}
IR DO		Noncash contribns included in	_	\$_					
N N	_	Total. Add lines 1a-1f	1110 14 11.		<b>•</b>	20,225.			
		Total: 7 da lilles Ta-11		$\neg \top$	Business Code	20,223.			
EN	2a			-					
Ë	b								
Ğ.	c			+					
ER	d	<b>_</b>		+				<u> </u>	_
Σ		'		+			-		_
SRA SRA	f	All other program service	e revenue				-		
PROGRAM SERVICE REVENUE		Total. Add lines 2a-2f	e revenue	_					
		Investment income (incl	udina divir	donde	interest and				<u> </u>
	3	other similar amounts)	ualing aivi	uenus,	Interest and	379.	379.	0.	0.
	4	Income from investment	t of tax-ex	empt b	ond proceeds				
	5	Royalties		,	•			-	
			(ı) Re	al	(II) Personal				
	6a	Gross Rents							
	b	Less rental expenses							
		Rental income or (loss)							
	d	Net rental income or (lo	ss)		· •				
		Gross amount from sales of	(i) Secu	rities	(II) Other				
	/ a	assets other than inventory							
	<b>L</b>	Less, cost or other basis							
	u	and sales expenses							
	c	Gain or (loss)							
	d	Net gain or (loss)			<b></b>				
	Яa	Gross income from fund	Iraising ev	ents					
Į DE	- Ou	(not including \$	15,7	<u>00.</u>	1				
OTHER REVENU		of contributions reported	d on line 1	c)					
2		See Part IV, line 18		а	118,503.				
뷭	b	Less direct expenses		þ	62,454.				
٥	С	Net income or (loss) from	m fundrais	sing ev	ents <b>&gt;</b>	56,049.	56 <u>,</u> 049.	0.	0.
	9a	Gross income from gam	ing activit	ies					
		See Part IV, line 19	J	а					
	b	Less: direct expenses		b					
	С	Net income or (loss) from	m gamıng	activiti	es 🟲				
	10 a	Gross sales of inventory	, less retu	ırns					
		and allowances		а	<u> </u>				
	b	Less cost of goods sold	j	b					
	С	Net income or (loss) from	_	finvent					
		Miscellaneous Reven			Business Code	<b> </b>			
	11 a			<b></b>					
	b						_		
	С				<u> </u>				
		All other revenue		L					
	е	Total. Add lines 11a-11d	d		•				
	12	Total Revenue. Add line	s 1h, 2g, 3	3, 4, 5,	6d, 7d, 8c, 9c,			_	
		10c, and 11e			•	76,653.	56,428.	0.	0.

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 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	55,769.	55,769.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	7,000.	7,000.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	7,000.	7,000.		<del>-</del>
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
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					
á	a Management				
ı	<b>L</b> egal				
(	C Accounting	275.	0.	275.	0.
	<b>1</b> Lobbying				
	Prof fundraising svcs See Part IV, In 17				
	Investment management fees				
	Other				
	Advertising and promotion				
13	Office expenses	22.	0.	22.	0.
14	Information technology				
15	Royalties				<del>-</del>
16	Occupancy				
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
	Insurance 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)				
z	INSURANCE	330.	330.	0.	0.
	INVESTMENT FEES	440.	0.	440.	0.
	MISCELLANEOUS EXP	224.	0.	224.	0.
	1				
•					
	All other expenses				
	Total functional expenses. Add lines 1 through 24f	64,060.	63,099.	961.	0.
	Joint Costs. Check here ► 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				
BAA	<del></del>		L		Form <b>990</b> (2008)

F	art A	Balance Sheet	<del></del>	(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		82,194.	1	81,909.
	2	Savings and temporary cash investments		94,743.	2	94,744.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors or other related parties. Complete Part II of Schedule I	s, trustees, key employees, -		5	
	6	Receivables from other disqualified persons (as define	d under section 4958(f)(1))			
^		and persons described in section 4958(c)(3)(B). Comp	lete Part II of Schedule L		6	
ASSETS	7	Notes and loans receivable, net			7	
Ĕ	8	Inventories for sale or use			8	
Ś	9	Prepaid expenses and deferred charges	1 1		9	
		Land, buildings, and equipment cost basis	10a			
	6	Less accumulated depreciation. Complete Part VI of				
		Schedule D	10b		10 c	
	11	Investments — publicly-traded securities			11	
	12	Investments — other securities. See Part IV, line 11		<del></del>	12	
	13	Investments – program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11	24)	176 027	15	176 652
	16	Total assets Add lines 1 through 15 (must equal line	34)	176,937.	16	176,653.
	17	Accounts payable and accrued expenses			17 18	
	18	Grants payable			19	
Ļ	19	Deferred revenue Tax-exempt bond liabilities	<u> </u>	20		
A B	20	Escrow account liability Complete Part IV of Schedule	. D	, ,	21	
В	22	Payables to current and former officers, directors, trus		-		
 		highest compensated employees, and disqualified pers	sons Complete Part II			
Ţ	ļ	of Schedule L			22	
E S	23	Secured mortgages and notes payable to unrelated the		23		
	24	Unsecured notes and loans payable			24	
	25	Other liabilities. Complete Part X of Schedule D		0.	25	
	26	Total liabilities. Add lines 17 through 25	<del></del>	0.	26	0.
N E T		Organizations that follow SFAS 117, check here ►	and complete lines			
	1	27 through 29 and lines 33 and 34.				
A S F	27	Unrestricted net assets			27	
Ē	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
R		Organizations that do not follow SFAS 117, check her	e ► X and complete			
DZC		lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
Ă	31	Paid-in or capital surplus, or land, building, and equipment accounts of the control of the cont		176 027	31 32	176 652
Ā	32	Retained earnings, endowment, accumulated income,	or other lunus	176,937. 176,937.	33	176,653. 176,653.
<b>B女し女文ひ世の</b>	33	Total net assets or fund balances.  Total liabilities and net assets/fund balances		176,937.	34	176,653.
	rt XI		<del></del>	1/0,93/.	34	170,033.
1 4	<u> </u>	T manetar statements and reporting				Yes No
1	Aco	counting method used to prepare the Form 990 🔯 0	Cash	Other		
		re the organization's financial statements compiled or re				2a X
		re the organization's financial statements audited by an	•	•		2b X
		,	· ·	for oversight of the aud	lıt,	
		Yes' to 2a or 2b, does the organization have a committe new, or compilation of its financial statements and selec				2c
3	a As	a result of a federal award, was the organization required th Act and OMB Circular A-133?	ed to undergo an audit or aud	its as set forth in the Si	ngle	3a X
		Yes,' did the organization undergo the required audit or	audits?			3b A
ВА		100, 500 and organization undergo the required addit of	uuuno			Form <b>990</b> (2008

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

**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

Open to Public

Employer identification number ALPINE KIWANIS CHARITIES FUND, INC. 51-0238382 Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only **one** organization) 1 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 cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(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) An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross 9 investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 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 11 Type III — Functionally integrated d | Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q 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 supported organization? 11 g (i) a family member of a person described in (i) above? 11 g (ii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the organizations the organization supports h (i) Name of Supported (ii) EIN (iii) Type of organization (v) Did you notify (vi) Is the (vii) Amount of Support (iv) Is the (described on lines 1-9 above or IRC section (see instructions)) the organization in col (i) of your support? Organization organization in col organization in col (i) listed in your governing document? (i) organized in the Yes Yes No No Yes No

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

Schedule A (Form 990 or 990-EZ) 2008

1 Griss, grants, contributions and membratishy fies received (100 on trouble unisual grants ) 2 Tax revenues leved for the ether paid to it or expended on the beath of the ether paid to it or expended on the beath of the ether paid to it or expended on the beath of the ether paid to it or expended on the beath of the ether paid to it or expended on the beath of the ether paid to it or expended on the beath of the ether paid to it or expended on the beath of the ether paid to it or expended on the beath of the ether paid to it or expended on the beath of the ether paid to it or expended on the beath of the ether paid to it or expended on the beath of the ether paid to it or expended on the beath of the ether paid to it or expended on the eth		t II Support Schedule for (Complete only if you checke	_			(b)(1)(A)(iv) an 	id 170(b)( 	1)(A)(	(vi) <del></del>		
beginning in) -  If Grits, grants, contributions and moli include unusual grants of the organization's benefit and either paid to for expended either paid to fore expended expended either paid to fore expended expended either paid to fore expended expended expended either paid to fore expended expe					<del></del>	<del></del>		_			
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Schedule A (Form 990 or 990-EZ) 2008 ALPINE KIWANIS CHARITIES FUND, INC.

### Schedule A (Form 990 or 990-EZ) 2008 ALPINE KIWANIS CHARITIES FUND, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

	tion A. Public Support						
	ndar year (or fiscal yr beginning in) 🗖	(a) 2004	<b>(b)</b> 2005	(c) 2006	<b>(d)</b> 2007	<b>(e)</b> 2008	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	22,510.	19,511.	22,691.	27,483.	20,225.	112,420.
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	87,435.	94,465.	104,770.	104,770.	118,503.	509,943.
	Gross receipts from activities that are not an unrelated trade or business under section 513	0,71003		20171101	201/1100	120,0001	3037,313.
	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	109,945.	113,976.	127,461.	132,253.	138,728.	622,363.
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
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	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support (Subtract line						600 262
<u> </u>	7c from line 6)						622,363.
	tion B. Total Support	(=) 2004	<b>(F)</b> 200E	(a) 2006	<b>(d)</b> 2007	(=) 2009	(f) Total
Caler	<b>idar vear</b> (or fiscal vi pediminu m) 💆 i	(a) 2004	<b>(b)</b> 2005	(c) 2006		(e) 2008	
	- · · · · · · · · · · · · · · · · · · ·	100 045	112 076	127 /61	122 252	120 720	622 363
9	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	109,945.	113,976.	127,461.	132,253.	138,728.	622,363.
9 10 a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	574.	343.	861.	737.	379.	2,894.
9 10 a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b						
9 10 a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	574.	343.	861.	737.	379.	2,894.
9 10 a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is	574.	343.	861.	737.	379.	2,894.
9 10 a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in	574.	343.	861.	737.	379.	2,894.
9 10 a b c 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add lins 9, 10c, 11, and 12)  First five years. If the Form 990 in organization, check this box and	574. 574. s for the organizat	343.	861.	737.	379. 379.	2,894. 2,894. 625,257.
9 10 a b 11 12 13 14 Sect	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 i organization, check this box and strong the sale of C. Computation of Pulitical Computation of Puli	574. 574. s for the organizat	343. 343. ion's first, second,	861.	737.	379. 379. section 501(c)(3)	2,894. 2,894. 625,257. ►∏
9 10 a b 11 12 13 14 Sect	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add ins 9, 10c, 11, and 12)  First five years. If the Form 990 is organization, check this box and stion C. Computation of Pul	574.  574.  s for the organization here blic Support Polic Support Suppo	343. 343. ion's first, second, ercentage (f) divided by line	861.	737.	379. 379. section 501(c)(3)	2,894. 2,894. 625,257. ► □
9 10 a b c 11 12 13 14 Sect 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add ins 9, 10c, 11, and 12)  First five years. If the Form 990 is organization, check this box and stion C. Computation of Pul Public support percentage from 200 Public support percentage from 2	574.  574.  s for the organization here blic Support P 08 (line 8, column 007 Schedule A, F	343.  343.  sion's first, second, ercentage (f) divided by line Part IV-A, line 27g	861.	737.	379. 379. section 501(c)(3)	2,894. 2,894. 625,257. ►∏
9 10 a b 11 12 13 14 Sect 15 16 Sect	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 in organization, check this box and strong composition of Pull Public support percentage for 200 Public support percentage from 2 tion D. Computation of Invitations.	574.  574.  574.  s for the organization here blic Support Polic Support Support Polic Support	343. 343. sion's first, second, ercentage (f) divided by line Part IV-A, line 27g ne Percentage	861. 861. third, fourth, or f	737.	379. 379. section 501(c)(3) 15 16	2,894. 2,894. 2,894. 625,257. ► □ 99.54% 99.21%
9 10 a b c 11 12 13 14 Sect 15 16 Sect 17	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 in organization, check this box and stion C. Computation of Pull Public support percentage for 200. Public support percentage from 2 tion D. Computation of Investment income percentage for	s for the organizate stop here blic Support Post (line 8, column 1007 Schedule A, Festment Incon 1008 (line 10c, column 1008)	343.  343.  343.  ercentage (f) divided by line Part IV-A, line 27g ne Percentage	861.  861.  third, fourth, or fine the state of the state	737.	379.  379.  section 501(c)(3)  15 16	2,894. 2,894. 2,894. 625,257. ► □ 99.54% 99.21% 0.46%
9 10 a b c 11 12 13 14 Sect 15 16 Sect 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 i organization, check this box and stion C. Computation of Pul Public support percentage for 200 Public support percentage from 2 tion D. Computation of Inv Investment income percentage for	s for the organizate stop here blic Support Post (line 8, column 1007 Schedule A, Festment Incompare 2008 (line 10c, com 2007 Schedule	343.  343.  343.  343.  aion's first, second,  ercentage (f) divided by line Part IV-A, line 27g  ne Percentage column (f) divided A, Part IV-A, line	861.  861.  13, column (f))  by line 13, column 27h	737. 737. fifth tax year as a	379.  379.  section 501(c)(3)  15 16  17 18	2,894. 2,894. 2,894. 625,257. ► □ 99.54% 99.21% 0.46% 0.79%
9 10 a b c 11 12 13 14 Sect 15 16 Sect 17 18 19 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 in organization, check this box and stion C. Computation of Pull Public support percentage for 200. Public support percentage from 2 tion D. Computation of Investment income percentage for	s for the organizate stop here  blic Support P  08 (line 8, column on Schedule A, Festment Incomer 2008 (line 10c, comer 2007 Schedule de organization did ex and stop here.	343.  343.  343.  aion's first, second,  ercentage (f) divided by line Part IV-A, line 27g  ne Percentage column (f) divided A, Part IV-A, line not check the box The organization of	861.  861.  third, fourth, or the state of t	737. 737. fifth tax year as a	379.  379.  379.  15 16  17 18 an 33-1/3%, and janization	2,894.  2,894.  2,894.  625,257.  99.54% 99.21%  0.46% 0.79% line 17 is not x

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

### SCHEDULE G (Form 990 or 990-EZ)

### Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047 2008

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.

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id by organizati	ions that e	enter more	than \$15,000 on Form	990-EZ, line 6a.	Inspection
-				Employer identific	ation number
				51-023838	
					line 17.
aised funds thro	ough any (	of the follow	Solicitation of non-g	government grants rnment grants	
t VII) or entity in dividuals or enti	n connecti ties (fundr	on with pro aisers) pui	ofessional fundraising se rsuant to agreements ur	ervices? nder which the fundraise	Yes No
e organization	Form 990	EZ filers ai	re not required to compl		т
(ii) Activity	have custo	dy or control	(iv) Gross receipts from activity	(or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
	Yes	No			
<u> </u>					
				<u> </u>	
	<del></del>				
	+	-			
		▶			
ation is registere	ed or licen	sed to sol	cit funds or has been no	otified it is exempt from	registration
		_ <b></b>			
- <b></b> -		<b></b> -			
<b></b>					
					. <b></b>
	FUND, IN Complete if aised funds three virtuals or entite organization (ii) Activity	FUND, INC.  Complete if the organised funds through any of the organization form 990 (ii) Activity (iii) Didhave custo of control (iii) Activity (iiii) Didhave custo of control (iiiii) Activity (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	FUND, INC.  Complete if the organization alsed funds through any of the following the	FUND, INC.  Complete if the organization answered 'Yes' to aised funds through any of the following activities Check all Solicitation of non-Solicitation of gove Special fundraising or oral agreement with any individual (including officers, directivity) or entity in connection with professional fundraising set dividuals or entities (fundraisers) pursuant to agreements use organization Form 990EZ filers are not required to compil (ii) Activity (iii) Did fundraiser have custody or control of contributions?  Yes No	FUND, INC.  Complete if the organization answered 'Yes' to Form 990, Part IV aised funds through any of the following activities Check all that apply  Solicitation of non-government grants  Solicitation of government grants  Solicitation of government grants  Solicitation of government grants  Special fundraising events  or oral agreement with any individual (including officers, directors, trustees or key tivil) or entity in connection with professional fundraising services?  dividuals or entities (fundraisers) pursuant to agreements under which the fundraiser organization Form 990EZ filers are not required to complete this table.  (ii) Activity  (iii) Did fundraiser have custody or control of contributions?  (iv) Gross receipts from activity  fundraiser listed in col (i)

Par	t II	Fundraising Events. Complete if reported more than \$15,000 on F	the organization ar form 990-EZ, line 6	nswered 'Yes' to Fo a. List events with	orm 990, Part IV, lii gross receipts grea	ne 18, or ater than	\$5.00	00.
R			(a) Event #1 BRAT SALES (event type)	(b) Event #2 NONE (event type)	(c) Other Events NONE (total number)	(d) Tota (Add col	al Ever	nts
WCZM <m< td=""><td>1</td><td>Gross receipts</td><td>129,908.</td><td></td><td></td><td></td><td>29,9</td><td>908.</td></m<>	1	Gross receipts	129,908.				29,9	908.
Ē	2	Less Charitable contributions	15,700.				15,7	700.
	3	Gross revenue (line 1 minus line 2)	114,208.				14,2	208.
D	4	Cash prizes		-			_	
DIRECT	5	Non-cash prizes		-				
	6	Rent/facility costs						
EXPESSES	7	Other direct expenses	58,154.				58,1	L54.
Š	8	Direct expense summary. Add lines 4- th	_		<b>•</b>		58,1	
Par	9 t III	Net income summary Combine lines 3 ar <b>Gaming.</b> Complete if the organization		s' to Form 990. Pa	rt IV. line 19. or rei	orted m		054. nan
		\$15,000 on Form 990-EZ, line 6a			I.			
#E>#ZU			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Tota (Add col col	al gamı (a) thr (c))	ng ough
Ü	1	Gross revenue						
	_							
DIRECT S	3	Cash prizes  Non-cash prizes						
E N C S T E S	4	Rent/facility costs		-				
	5	Other direct expenses						
	6	Volunteer labor	Yes %	Yes %	Yes%			
	7	Direct expense summary Add lines 2 thro	ough 5 in column (d)		•			
	8	Net gaming income summary Combine III	nes 1 and 7 in column (	(d)	•		Time	
9	Ente	er the state(s) in which the organization ope	erates gaming activities:	:			YES	NO
а	ls th	ne organization licensed to operate gaming				98		
b	If 'N	o,' Explain						
		e any of the organization's gaming licenses es,' Explain	s revoked, suspended or	r terminated during the t	tax year?	10 a	<del>  _</del>	$\vdash$
-							}	
11	 Doe	s the organization operate gaming activities	s with nonmembers?			11		
	Is th	ne organization a grantor, beneficiary or true		nber of a partnership or	other entity formed to			
	adn	ninister charitable gaming?			- -	12	1	1

Schedule G (Form 990 or 990-EZ) 2008 ALPINE KIWANIS CHARITIES FUND, INC.

Schedule G (Form 990 or 990-EZ) 2008

51-0238382

Page 2

Schedule G (Form 990 of 990-EZ) 2008 ALPINE KIWANIS CHARITIES FUND, INC.	51-023838	Z	P	age 3
			YES	NO
13 Indicate the percentage of gaming activity operated in		1 1		-
9	13a &	1 1		]
<b>b</b> An outside facility	13b %	1 1		
14 Provide the name and address of the person who prepares the organization's gaming/special events	s books and records.			}
Name· ►				
Address· •				
15a Does the organization have a contact with a third party from whom the organization receives gamine	=	15a		
<b>b</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 processtate gaming license?	eds to retain the	17a		
<b>b</b> Enter the amount of distributions required under state law distributed to other exempt organizations	or spent in the	1		
organization's own exempt activities during the tax year:   \$		1		

Schedule G (Form 990 or 990-EZ) 2008

### SCHEDULE I

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.

► Attatch to Form 990.

OMB No 1545-0047

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**≗** □ (h) Purpose of grant or assistance A Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' on Form X Yes Employer identification number 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 FOOD 51-0238382 (g) Description of non-cash assistance N/A 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? (f) Method of valuation (book, FMV, appraisal, other) N/A Ö (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant 10,000 Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable Enter total number of section 501(c)(3) and government organizations 170 ALPINE KIWANIS CHARITIES FUND, INC.
Part | General Information on Grants and Assistance 36-3303361 (b) EIN Enter total number of other organizations LIFESCAPES\_COMMUNITY\_KITC 1111111111111111111 1 1 (a) Name and address of organization 705 KILBURN AVE ROCKFORD IL 61011 or government 1 1 1 ١ Name of the organization 1 Part II 1

Schedule I (Form 990) 2008

TEEA3901 12/19/08

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

Page 2 (Form 990) 2008 ALPINE KIWANIS CHARITIES FUND, INC.

| 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. Schedule I (Form 990) 2008 Part III

(f) Description of non-cash assistance					and any other additional information.								
tion (book, , other)	N/A				d any other a	 	 	         		         	           		           
(e) Method of valuation (book, FMV, appraisal, other)	N/A				7	 		         					
(d) Amount of non-cash assistance	0.				ion required in Par		 	 	         	 			
(c) Amount of cash grant	.000,7				rovide the informati	NO:		             	 	           			
(b) Number of recipients	7				lete this part to pi	LHE_ORGANIZATE	             	 	  -  -  -  -  -  -	           			
(a) Type of grant or assistance	SCHOLARSHIPS				Part IV   Supplemental Information. Complete this part to provide the information required in Part I, line	Pt_I_Line_2CONTACT_WITH_THE_ORGANIZATI							

BAA

Schedule I (Form 990) 2008

### SCHEDULE O (Form 990)

### **Supplemental Information to Form 990**

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Employer identification number Name of the organization 51-0238382 ALPINE KIWANIS CHARITIES FUND, INC Pt VI-A, Line 10 A COPY OF THE FORM IS PRESENTED TO THE BOARD BEFORE SUBMITTED Pt VI-C, Line 19 BY 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, lines 33, 34, 35, 36, or 37.
 See separate instructions.

2008

OMB No 1545-0047

1.1

Open to Public Inspection

Schedule R (Form 990) (2008) (F)
Direct controlling
entity (F)
Direct controlling
entity Employer identification number N/A 51-0238382 (E)
Public charity status (if section 501 (c)(3)) (E) End-of-year assets N/A (D) Exempt Code section (**D)** Total income 501(c)4 (C)
Legal domicile (state or foreign country) Legal domicile (state or foreign country) 9 디 BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. ALPINE KIWANIS ADMINISTRATIVE FUND 23-7030729 ADMINISTRATIVE PO BOX 5132, ROCKFORD IL 61125 (B) Primary activity (B) Primary activity Part II Identification of Related Tax-Exempt Organizations (A) Name, address, and EIN of related organization (A) Name, address, and EIN of disregarded entity Part I Identification of Disregarded Entities ALPINE KIWANIS CHARITIES FUND, INC. Name of the organization

TEEA5001 12/23/08

Schedule R (Form 990) 2008 ALPINE KIWANIS CHARITIES FUND, INC.

Part III Identification of Related Organizations Taxable as a Partnership

al or ging er?	٤					
(J) General or managing partner?	Yes	 		_	 	
Code V-UBI amount in Box 20 of Schedule K-1	(Form 1065)					
(H) Disproportionate allocations?	Yes No					
(G) Share of end-of-year assets						
Share of total income						
(E) Predominant income (related, investment, unrelated)			<u>.</u>			
(B) (C) (D) y Activity Legal Direct domicile controlling entity (state or foreign						
(C) Legal domicile (state or foreign	country)					
Primar						
(A) Name, address, and EIN of related organization						

Part IV Identification of Related Organizations Taxable as		a Corporation or Trust	ust				
(A) Name, address, and EIN of related organization	(B) Primary Activity		(D) Direct controlling entity	Type of entity (C corp, S corp, or trust)	(C)  Legal domicile  Direct (State or foreign controlling entity country)  (C)  (E)  Type of entity (C corp, S corp, country)  (C)  (G)  Type of entity (C corp, S corp, or trust)	(G) Share of end-of-year assets	(H) Percentage ownership
						3	
0.1							
							_
ВАА		TEEA5002 12/23/08	23/08			Schedule R (Form 990) (2008)	990) (2008)

## Part V Transactions With Related Organizations

Note Complete line 1 if any entity is listed in Parts II, III, or IV		Yes No	ı
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:			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a ×	ı
<b>b</b> Gift, grant, or capital contribution to other organization(s)		1 b X	ı
c Gift, grant, or capital contribution from other organization(s)		1c X	
<b>d</b> Loans or loan guarantees to or for other organization(s)		X PL	ı
e Loans or loan guarantees by other organization(s)		Je X	1 [
f Sale of assets to other organization(s)		1f X	7
g Purchase of assets from other organization(s)		1g X	
h Exchange of assets		1h X	
i Lease of facilities, equipment, or other assets to other organization(s)		1i X	ı F
i Lease of facilities, equipment, or other assets from other organization(s)		-  -	7
k Performance of services or membership or fundraising solicitations for other organization(s)			1
I Performance of services or membership or fundraising solicitations by other organization(s)		11 X	1 1
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets		1m X	ı
n Sharing of paid employees		1n X	Г
o Reimbursement paid to other organization for expenses		10 X	7
<b>p</b> Reimbursement paid by other organization for expenses		1p X	1
			$\neg$
<b>q</b> Other transfer of cash or property to other organization(s)		1q X	- 1
ᆈ	3	1r X	- 1
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	nd transaction thresholds		1
(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved	
(E)			ı
(2)			ı
			ı
(3)			1
(4)			ı
(5)			
(9)			
<b>BAA</b> TEEA5003 07/02/08	Schedule	Schedule R (Form 990) (2008)	ı৯

Page 4

# Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships

revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships	ling exclusion for cer	tain investment partn	erships				
(A) Name, address, and FIN of entity	(B) Primary activity	( <b>C)</b> Legal Domicile	(D) Are all partners	(E) Share of end-of-vear	(F) Dispropor-	(G) Code V-UBl amount	(H) General or
		(State or Foreign Country)	section 501(c)(3) organizations?	assets	tionate allocations?	In Box 20 of Schedule K-1 Form (1065)	managing partner?
			Yes No		Yes No	(2001)	Yes No
*							
							·
					-		
					_		
					_		-
					_		
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