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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

2009

OMB No 1545-1150

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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

Α	For t	he 2009 ca	elendar	year, or tax year beginning , 2009, and ending			,		
B	Check	ıf applicable	Please	C	D Em	ploye	identification number		
Ш	Addres	ss change	26-2691430						
	Name	change	use IRS label or print or	THE SGT. THOMAS M. GILBERT MEMORIAL FOUN	Telephone number				
X	Initial i	return	type	ء ا	630-663-9800				
	Termin	nation	See Specific	- 0	30-	003-3000			
Ш	Amend	sed return	Instruc- tions.				Exemption		
Ш	Applica	ation pending				mbe			
	•	Section 5	501(c)(3) ust atta		nting metho (specify) ►	d. [2	X Cash Accrual		
				H Check		he o	rganization is not		
I	Webs	site: > S	gtto	mmyskids.org require	ed to attach	Sch	edule B (Form 990,		
J	Tax-e	xempt status	(check o	$\frac{1}{1}$ nly one) - $\frac{1}{1}$ 1	Z, or 990-Pi	-)	•		
				anization is not a section 509(a)(3) supporting organization and its gross rece	pts are nor	mally	not more than		
	\$25,0	000 A Form	990-EZ	or Form 990 return is not required, but if the organization chooses to file a return, t	e sure to file	a co	omplete return		
L	Add I	lines 5b. 6	b, and 7	7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990					
	ınste	ad of Form	1 990-E	Z	WT.	▶\$			
Pa	it!	🖫 Reve	enue, I	Expenses, and Changes in Net Assets or Fund Bandles (Sep	ဦးရုံမှု ၊ nstru	uctic	ns for Part I.)		
	1	Contributi	ions, gif	its, grants, and similar amounts received		1	2,752.		
	2	Program	service	revenue including government fees and contracts	not.	2			
	3	Members	hip due:	s and assessments	וטויי [3			
	4	Investme	nt incon		re-1.1	4	229.		
	5a	Gross am	ount fro	om sale of assets other than inventory 5a[PR BRAN	icn				
₹ >	b	Less. cos	t or oth	er basis and sales expenses 5b OGDE	A				
SE Dig	C	Gain or (los:	s) from sa	ale of assets other than inventory (Subtract In 5b from In 5a)		5с			
Ž	6	Special ever	nts and ac	stivities (complete applicable parts of Schedule G). If any amount is from gaming, check here	▶ 🗍 │				
N.	a	-		not including \$ of contributions					
⇒Ď	_	reported	1,680.	-					
≝	h	•		1) 6a 6b	2,909.	1			
	ı			from special events and activities (Subtract line 6b from line 6a)	2,303.	6 c	-1,229.		
	ı			ventory, less returns and allowances 7a		772	1,225.		
	1	Less cos							
為	l		-	oss) from sales of inventory (Subtract line 7b from line 7a)		7c			
	8	Other reveni	•	• • • • • • • • • • • • • • • • • • • •	, l	8			
SCANNED			•		' ▶		1 752		
(D)	9			dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9	1,752.		
	10			ar amounts paid (attach schedule) See Statemen	£13	10	500.		
E	11	•		or for members RECEIVEU	_	11			
P	12			ompensation, and employee benefits	\[\frac{1}{2} \]	12			
E	13			s and other payments to independent contractors.	löl l	13			
Š	14	•	• • •	utilities, and maintenance	INS-O	14			
S	15			ions, postage, and snipping	J≅∖∣	15			
	16			ribe > See Statement 2		16	1,816.		
	17			Add lines 10 through 16	◄ الــــــــــــــــــــــــــــــــــــ	17	2,316.		
	18	Excess or	r (defici	t) for the year (Subtract line 17 from line 9)		18	-564.		
NS	19	Net asset	s or fun	nd balances at beginning of year (from line 27, column (A)) (must agree with e	nd-of-year	144			
N S E S T E				n prior year's return)	-	19	31,629.		
Š	20			net assets or fund balances (attach explanation)]	20			
S	21			d balances at end of year. Combine lines 18 through 20	>	21	31,065.		
148	jae III.	Bala Bala	nce S	heets. If Total assets on line 25, column (B) are \$1,250,000 or more, file For			Form 990-EZ		
	_		_		nning of yea		(B) End of year		
22			-	nvestments	31,629		31,065.		
23		nd and buil	_			23			
24		ner assets	(describ	pe ►)		24	<u> </u>		
25		al assets			31,629		31,065.		
26		tal liabilitie			0	. 26			
_27	Net	t assets or	tund b	alances (line 27 of column (B) must agree with line 21)	31,629	. 27	31,065.		

Wastes the organization's primary exempl purpose. See. Statement. 3 Describe what was achieved in carrying out the organization's exempl purposes. In a clear and concise manner. program title Comparison Compa	Form	1430 Page 2 Expenses						
CGrants \$ If this amount includes foreign grants, check here 28a	What i	s the organization's primary exempt purpose? Se ribe what was achieved in carrying out to tibe the services provided, the number of	(Regu 501 (c) organi 4947 (a for oth	ured for section (3) and (4) izations and section a)(1) trusts, optional				
Cants \$ If this amount includes foreign grants, check here 29a					icis)			
Grants \$	29	(Grants \$) if the		28 a	· · · · · · · · · · · · · · · · · · ·			
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here (Grants \$) If this amount includes foreign grants, check here 31 a 32 2 Total program service expenses (add lines 28a through 31a) 32	30	(Grants \$) If the	-	29 a				
Total program service expenses (add lines 28a through 31a) 32	31	Other program services (attach schedul-						
Ca) Name and address		Total program service expenses (add I	nes 28a through 31a).		>	32		
Per week devoted to position not paid, enter -0 employee benefit plans and deferred compensation deferred compensati	Par	List of Officers, Directors						
Secretary			per week devoted to position	not paid, enter -0)	employee benefit plans	ans and and other allowan		
ADAM FIERLE	<u>563</u>	9 WASHINGTON STREET				0.	0.	
ROBERT WHITE	ADA 463	M FIERLE 9 WINDING WOODS LANE	1			0.	0.	
ANTHONY DESTEFANO DIRECTOR 0. 0. 0. 930 ROGERS STREET 2.50 DOWNERS GROVE, IL 60515 DANIEL LYDIGSEN DIRECTOR 0. 0. 0. 0. 225 E. PARALLEL STREET 3.00 PALATINE, IL 60067 KALYN COOPER DIRECTOR 0. 0. 0. 0. 111 E. CHESTNUT 39E 3.00 CHICAGO, IL 60611 MIKE CLIFFORD Director 0. 0. 0. 0. 478 VAN BUREN AVENUE 3.00	ROB 334	ERT WHITE 9 BREWER ROAD	†			0.	0.	
DOWNERS GROVE, IL 60515 DIRECTOR O. O. O. O.	ANT	HONY DESTEFANO		0.		0.	0.	
PALATINE, IL 60067 DIRECTOR 0. 0. 0. 0. 111 E. CHESTNUT 39E 3.00 3.00 0.	DAN	IEL LYDIGSEN	DIRECTOR	0.		0.	0.	
111 E. CHESTNUT 39E 3.00 CHICAGO, IL 60611 MIKE CLIFFORD 0. 0. 0. 478 VAN BUREN AVENUE 3.00	PAL	ATINE, IL 60067		0.		0.	0.	
478 VAN BUREN AVENUE 3.00	CHI	CAGO, IL 60611						
	478	VAN BUREN AVENUE	1			0.	0.	
	-	·						
	-							
	 -							

RETROACTIVE REINSTATEMENT

BAA			X (2009)									
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45	х									
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44	Yes No									
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year	. -	N/A N/A									
c	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts c At any time during the calendar year, did the organization maintain an office outside of the U S? If 'Yes,' enter the name of the foreign country											
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country	42b	Yes No X									
42 a	The organization's books are in care of ► ROBERT WHITE Located at ► 3349 BREWER ROAD DARIEN IL ZIP + 4 ► 60561	 										
41	List the states with which a copy of this return is filed None											
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e	X									
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	1.4	7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.									
c	Yes, complete Schedule L, Part I Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 • 0.	40 b	X									
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If											
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 4911 0., section 4912 0.	1										
	Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities 39a N/A 39b		7k 3.4									
39	amount involved Section 501(c)(7) organizations Enter. 38b N/I	<u> </u>	4									
b	any such loans made in a prior year and still outstanding at the end of the period covered by this return? If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b	38a	X									
	Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	37b	X									
	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0.											
	Olf 'Yes,' has it filed a tax return on Form 990-T for this year? Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	35 b	X									
	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?											
35	5 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.											
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34	X									
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33	Yes No									
Pa	Other Information (Note the statement requirements in the instrs for Part V.) See St											
	990-EZ (2009) THE SGT. THOMAS M. GILBERT MEMORIAL FOUN 26-269143	30	Page 3									

RETROACTIVE REINSTATEMENT

	-EZ (2009) THE SGT. THOMAS M.			26-26914		Page 4
Parts VI	Section 501(c)(3) organization 501(c)(3) organizations and se 46-49b and complete the table	ction 4947(a)(1) no	onexempt charitat	t charitable trusts only ole trusts must answer	. All sectio questions	n
46 Did	the organization engage in direct or indirect	est political comporan a	etuation on habelf of		Yes	No
for	the organization engage in direct or indire public office? If 'Yes,' complete Schedule	C, Part I	ctivities on benait of t	or in opposition to candidates	46	Х
	the organization engage in lobbying activi-		•		47	Х
	ne organization a school as described in s				48	Х
	the organization make any transfers to an		e related organization	7	49a	X
b If 'Y	es,' was the related organization a section	n 527 organization?			49b	
50 Com	nplete this table for the organization's five ployees) who each received more than \$10	highest compensated 00,000 of compensation	employees (other that from the organization	n officers, directors, trustees n If there is none, enter 'No	and key ne '	
((a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowand	i
None_	·					
f Tota	al number of other employees paid over \$	100.000			· ·	
51 Com	nplete this table for the organization's five opensation from the organization of there in	highest compensated is none, enter 'None '	independent contracto	ors who each received more	than \$100,00	O of
N	(a) Name and address of each independent cont	ractor paid more than \$100,000)	(b) Type of service	(c) Compensation	
None_	·					
		 				
	·					
	· 					
d Tota	al number of other independent contractors	s each receiving over \$	100,000	<u> </u>		
	Under penalties of persury I declare that I have evan	uned this return, including according	mnanying schedules and oto	stements, and to the best of multi-souts	dae and helical it	
	Under penalties of perjury, L declare that L have examine, correct, and complete Declaration of preparer (other than officer) is based on	all information of which prep	arer has any knowledge	age and belief, it	IS
C:	13-00 (11/11/11			16/13/14		
Sign Here	Signature of officer			Date		
	BRADLEY PELHANK Type or print name and title			CHAIRMAN		
Poid	Preparer's Devrus & alla		Date	Check if Prepar	rer's Identifying N	umber
Paid Pre-	Signature CHARLES E. OLSO	N	6-12-1	self- employed N/A		
parer's	I woure if colf	VOORHEES LLC				
Use	employed), 4// E BUTTERFIE	ed), A 77 E BUTTERFIELD RD STE 212			'A	
Only	ZIP+4 LOMBARD, 1L 601		·	Phone no ► (630)	663-980	0
May the If	RS discuss this return with the preparer sh	nown above? See instru	uctions		X Yes	No
_~~				F	orm 990-F7	パンハハロン

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

THE CORRECTION OF THE CORRECTI

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

THE SGT. THOMAS M. GILBERT MEMORIAL FOUN DATION

Employer identification number 26-2691430

Par		Reason for Pu	blic Charity Statu	s (All organizations	must c	comple	te this	part.)	See II	nstruct	ions				
The o	rgai	nization is not a pri	vate foundation becau	ise it is. (For lines 1 throi	ugh 11,	check o	nly one	box)							
1	A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).														
2	П	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)													
3	П	A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii).													
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's														
-	name, city, and state														
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)													
6 7	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v) . An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v) . (Complete Part II)														
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)														
9	X An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)														
10	Ш	An organization or	ganized and operated	exclusively to test for pu	iblic safe	ety See	section	i 509(a)	(4).						
11	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														
	$\overline{}$	a Type I	b Type II	c Type III		-	-			d 📙	Type III-				
е	Ш	By checking this b than foundation m. 509(a)(2)	ox, I certify that the or anagers and other tha	ganization is not controll n one or more publicly si	led direc upportec	tly or in d organi	directly zations	by one describ	or more ed in se	disqual ction 509	ified perso (a)(1) or s	ns oth ection	ner		
f		If the organization check this box	received a written det	ermination from the IRS	that is a	a Type I	, Type II	or Typ	e III sup	porting	organizatioi	n,			
g															
	Yes No														
		(i) a person who below, the go	o directly or indirectly overning body of the s	controls, either alone or tupported organization?	together	with pe	ersons d	escribe	d in (ii) a	and (III)	11 g (i)				
		(ii) a family men	nber of a person desc	cribed in (i) above?							11 g (ii)				
		(iii) a 35% contro	olled entity of a person	described in (i) or (ii) al	bove?						11 g (iii)				
h		Provide the follows	ng information about t	the supported organization	ons.										
	(1)	Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) is the organization in col (i) listed in your governing document?				organizat	is the ion in col zed in the S ?	(vii) Amount of Support				
					Yes	No	Yes	No	Yes	No					
					<u> </u>	<u></u>									
									1						
										<u> </u>					
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			and the second s												
Total					!	i.		1							

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

Schedule A (Form 990 or 990-EZ) 2009

Scne	eaule A (Form 990 or 990-EZ) 200	19 THE SGT.	THOMAS M.	GILBERT MEI	MOKTAT LOON	26-269143	U Page 2
Pa	Support Schedule for				(b)(1)(A)(iv) ar		
Sec	(Complete only if you check tion A. Public Support	ed the box on line	5, 7, or 8 of Par	tl)			
Cale	ndar vear (or fiscal vear	(a) 2005	(b) 2006	(a) 2007	(4) 2000	(a) 2000	(A) T-4-1
begi	nning in) 🟲	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						:
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
4	Total. Add lines 1-through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		The state of the s	Troppe g			
	Public support. Subtract line 5 from line 4				7		L
Sec	tion B. Total Support	1	_	r	1		
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10	74-y-					
12	Gross receipts from related activ	vities, etc (see in:	structions)			12	
13	First five years. If the Form 990 organization, check this box and		ation's first, seco	nd, third, fourth,	or fifth tax year a	is a section 501(c)	(3) ► □
Sec	tion C. Computation of Pu		Percentage				
14 15	Public support percentage for 20 Public support percentage from	•	• • •	ne 11, column (f)		14 15	% %
16	33-1/3 support test – 2009. If the and stop here. The organization				d the line 14 is 33	3-1/3 % or more, c	heck this box
Į	33-1/3 support test — 2008. If the and stop here. The organization				a, and line 15 is 3	33-1/3% or more, o	check this box
17:	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact	meets the 'facts-a	and-circumstance	s' test, check this	box and stop he	re. Explain in Parl	t IV how
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-and-circumstances'	and-circumstance test The organi	s' test, check this zation qualifies a	box and stop he s a publicly suppo	re. Explain in Part orted organization	t IV how the ►
18 BAA	Private foundation. If the organ	ization did not che	eck a box on line,	13, 16a, 16b, 17			structions . >

Page 3

ACTION OF THE REMSTATEMENT

Schedule A (Form 990 or 990-EZ) 2009	THE SGT.	THOMAS M.	GILBERT ME	EMORIAL FOUN	26-2691430
Radull Support Schedule for C	rganization	s Described	in Section 50	9(a)(2)	

(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') 5,041 5,041. Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt 0. purpose Gross receipts from activities that are not an unrelated trade or business 0. under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on 0. its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 0. 5,041 5,041. 6 Total. Add lines 1 through 5 0 0 0. 0 7a Amounts included on lines 1. 2, 3 received from disqualified 0. 0 0. 0. 0. 0. persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the n n n O vear 0 0 0 0 0 0. c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) 5,041. Section B. Total Support (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 Calendar year (or fiscal yr beginning in) (f) Total 0 0. 0 0. 5,041 5,041 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources 42 42. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 0. 0. 0. 0. 0. 42 42. c Add lines 10a and 10b Net income from unrelated business activities not included inline 10b. whether or not the business is regularly carried on 0. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 0. 13 Total support. (edd Ins 9, 10c, 11, and 12) 5,083. 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 **►** X Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)). 15 % Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2008 Schedule A. Part III, line 17 18 % 19a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

RETROACTIVE REINSTATEMENT

Schedule A (Form 990 or 990-EZ) 2009

Schedule A	(Form	990 or 9	990-EZ)	2009	THE	SGT.	THOM	<u>AS M</u> ,	GILE	BERT M	MEMOR]	[AL FO	UN :	26-26:	91430		Page 4
Pat IV	Supp l Part I	lemen I, line	tal Inf e 17a oi	ormati r 17b;	i on. Co and P	omplet art III,	e this line 1	part t 2. Pro	o provi ovide a	de the	expla er addı	nations itional i	requi nform	red by ation.	Part II See ins	, line 10 struction	s.
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Federal Statements

Page 1

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Client 410

THE SGT. THOMAS M. GILBERT MEMORIAL FOUN DATION

10.10AM

Statement 1 Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Donee's Name:

TOYS FOR TOTS

Cash Amount Given:

500.

Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses

EVENT EXPENSES INSURANCE

\$ 1,506. 310. Total \$ 1,816.

\$

Statement 3
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

To Promote youth appreciation and education of nature and the outdoors including, but not limited to, promotion of outdoor sporting activities, nature and environmental appreciation, and ecology.

environmental appreciation, and ecology.
To promote and sponsor outdoor athletic activities, scientific and educational environmental studies, and agricultural and horticultural endeavors, all of which are geared toward youth, without regard to race, religion, sex and national or ethnic origin.

To provide for and carry on such other activites in connection therewith as may be necessary and appropriate for such purposes, and to provide for and carry on such other charitable work in connection therewith as my be consistent with the general purposes of the Corporation.

Statement 4
Form 990-EZ, Part V
Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No

No