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SCANNED AUG 1 2 2010

_{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

2009 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection For the 2009 calendar year, or tax year beginning 2009, and ending 20 D Employer identification number C Name of organization Society of the Danube Swabians of the USA Please Check if applicable. Doing Business As 2477890 36 Address change label or print or Number and street (or P.O. box if mail is not delivered to street address) Room/suite Telephone number type. 296-6172 625 Seegers Rd. 847) Initial return See City or town, state or country, and ZIP + 4 Terminated Instruc-Des Plaines, IL 60016-3041 Amended return G Gross receipts \$ 289.070 F Name and address of principal officer: Eckhard Blaumueller, Pres. H(a) Is this a group return for affiliates? Yes No Application pending 625 Seegers Rd, Des Plaines ,IL 60016 H(b) Are all affiliates included? ☐ Yes ☐ No ___ 501(c) (3)◀ (insert no.) ___ 4947(a)(1) or If "No." attach a list (see instructions) Website: ▶ www.donauchicago.com H(c) Group exemption number ▶ Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ 1953 M State of legal domicile: IL L Year of formation Summary Part I Briefly describe the organization's mission or most significant activities: The mission is to provide a center for the support of program services for seniors, youth and young children of the community, Collect and distribute food Governance and clothing. Engage in fund raising for support of above program services. Support eligible public charities with similar mission. Allow qualified organizations to use our facilities for special events. 2 Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets. 14 Number of voting members of the governing body (Part VI, line 1a). ೦ 14 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 0 Total number of employees (Part V, line 2a). . 6 110 Total number of volunteers (estimate if necessary) 7a 0 7a Total gross unrelated business revenue from Part VIII, column (C), line 12. b Net unrelated business taxable income from Form 990-T, line 34 0 Current Year 106,945 155,325 Contributions and grants (Part VIII, line 1h) 153,474 86,677 9 Program service revenue (Part VIII, line 2g) . 6,207 8,119 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 120,937 23,072 11 Total revenue-add lines 8 through 11 (must equal Part VIII, column 12) 387,563 273,193 0 0 Grants and similar amounts paid (Part IX, columnity) Finals 0 Benefits paid to or for members (Part IX, column (A), line 4) 0 14 20,495 15 Salaries, other compensation, employee benefits (Rart IX, column A) lines 0 16a Professional fundraising fees (Part IX, column \\ \) line \(\) 0 b Total fundraising expenses (Part IX, column (D), line 25) 320,206 199,149 17 Other expenses (Part IX, column (A), lines 11a-11d, 11 320,206 219,644 Total expenses. Add lines 13-17 (must equal Part IX Revenue less expenses. Subtract line 18 from line 12 67,357 53,549 ъ Beginning of Current Year End of Year 1.782.083 1,835,632 Total assets (Part X, line 16) . Total liabilities (Part X, line 26) 21 Net assets or fund balances. Subtract line 21 from line 20 1,835,632 1,782,083 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 6-11-2010 Sign Signature of officer Date Here PRES. Type or print name and title Check if Preparer's identifying number Preparer's selfsignature employed ▶ 🔲 Paid Preparer's Firm's name (6 EIN Use Only if self-employed), address, and ZIP Phone no > May the IRS discuss this return with the preparer shown above? (see instructions) **7** Yes

2/ 6/4

Cat No 11282Y

Form **990** (2009)

| Par | t III ` Statement of Program Service Accomplishments |
|-----|--|
| 1 | Briefly describe the organization's mission The major program services provide educational, recreational, cultural and social activities for children, youth and seniors. Provide support to community organizations. |
| | |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? |
| _ | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. |
| 4a | (Code:) (Expenses \$ 98,371 including grants of \$) (Revenue \$) Program Services: |
| | The Senior program service consist of the facility open to the public and providing, socializing, lectures and a meal at cost on three Wednesday of the month. Volunteers provide the cooking and serving. On the average 170 Seniors take part throught the whole year. |
| | The youth program service provides a structured program for approx. 30 teenagers with instructors to teach drama, singing and folk dancing. Facility provides dedicated space for socializing for the group. |
| | The children program service, pre-teens, also provdes a structured program singing, games and folk dancing for about 65 chilgren. |
| | The children and youth group organize food drives and perform in community events and nursing homes. The above program services are staffed all year by many volunteers. |
| | |
| 4b | (Code.) (Expenses \$ 20,495 including grants of \$) (Revenue \$) |
| | Language program: Provide facility and teachers for a German lanuage program. Over 100 students enrolled in the week-end classes from kindergarden to 8th grade. Teachers are certified. Tuition is 50% below similar programs |
| | offered in the Chicago area. Program is open to the public. Financial help available. During this year two families were granted tuition assistance. |
| | Collect and distribute food and donation to the Des Plaines Self Help Pantry all yeay. |
| | |
| | |
| | |
| 4c | (Code:) (Expenses \$ 11,500 including grants of \$ 11,500) (Revenue \$) Community program services: |
| | Direct financial suport from fundraising events for four 501 c 3 community organization that provide a Senior center |
| | Des Plaines, Special Recreation transportation, the Des Plaines Historical Society and the Des Plaines Community Foundation. |
| | Provide facility usage to various 501 c 3 organization at no charge to hold events. Three events were held in 2009. |
| | |
| | |
| | |
| | |
| | |
| 4d | Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) |
| 4e | Total program service expenses ▶ 130 366 |

| .Pa | t IV Checklist of Required Schedules | | | |
|-----|--|-----|--------------|----------|
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | ✓ | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | ✓ |
| 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 | | 1 |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 4 | | 1 |
| 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 similar funds or 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 | | ✓ |
| 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 | | ✓ |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8_ | | 1 |
| 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 | | 1 |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | 1 |
| 11 | Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, IX, or X as applicable | 11 | 1 | |
| • | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. | | A CONTRACTOR | |
| • | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. | | | |
| Đ | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. | | | |
| 8 | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. | | | |
| • | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. | | | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII. | 12 | 100 | √ |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional | | | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | √ |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | ✓ |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I | 14b | | 1 |
| 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 | | ✓ |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III | 16 | | ✓ |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | ✓ |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | ✓ | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III. | 19 | | 1 |
| 20_ | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | | 7 |

| rt IV 'Checklist of Required Schedules (continued) | | | |
|---|--|--|---|
| - | | Yes | No |
| Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | 1 | |
| Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | ✓_ |
| Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | | ✓ |
| Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 | 24a | | ✓ |
| Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| 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 | | |
| Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | ✓ |
| Is the organization 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 "Yes," complete Schedule L, Part I | 25b | | √ |
| 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 | | 1 |
| Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III. | 27 | | ✓ |
| Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a 28b | • | ✓ |
| An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | √ |
| Did the organization receive more than \$25,000 in non-cash contributions? If "Yes." complete Schedule M | 29 | | > |
| Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | ✓ |
| Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | ✓. |
| Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | ✓ |
| 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 | | ✓ |
| 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 | | ✓ |
| 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 | | ✓ |
| Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | ✓_ |
| 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 | 27 | | 1 |
| Did the organization complete Schedule O and provide explanations in Schedule O for Part VI. lines 11 and | 38 | ✓ | - |
| | Did the organization report more than \$5,000 of grants and other assistance to governments and organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II. Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III. Did the organization answer "Yes" to Part VIII, Section A, line 3, 4, or 5 about compensation of the organization answer "Yes" to Part VIII, Section A, line 3, 4, or 5 about compensation of the organization have a tax-exempt bond issue with an outstanding principal amount of more than 100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds period gescrow at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Bection 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 is the organization 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-E2? If "Yes," complete Schedule L, Part II 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 III. Was the organization are provide a grant or other assistance to an officer, director, trustee, key employee? If "Yes," complete Schedule L, Part IV. A tamily memb | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II. 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2! If "Yes," complete Schedule I, Parts I and III. 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization is current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lanes \$24b through 24d and complete Schedule K. If "No," go to line 25. 24b Bid the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 25d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Did the organization and as an "on behalf of" issuer for bonds outstanding at excess benefit transaction with a disqualified person in a protory year, and that the transaction has the organization engage in an excess benefit transaction with a disqualified person in a protory year, and that the transaction has to the organization with a disqualified person in a protory year, and that the transaction and that the transaction with a disqualified person in a protory year, and that the transaction and that the transaction with a disqualified person in a protory year, a | Did the organization report more than \$5,000 of grants and other assistance to governments and organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II. Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2! If "Yes," complete Schedule I, Parts I and III. Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization scurrent and former officers, directors, trustess, key employees, and highest compensated employees? If "Yes," complete Schedule J. Did the organization nawser at ax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25. Did the organization maintain an escrow account other than a refunding escrow at any time during the year? Did the organization maintain an escrow account other than a refunding escrow at any time during the year? Did the organization and a sa an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization maintain an escrow account other than a refunding escrow at any time during the year? Did the organization and the year? M "Yes," complete Schedule L, Part II is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? M "Yes," complete Schedule L, Part II is the organization aware that it engaged in an excess benefit transaction with a disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II is the organization aware that it engaged in an excess benefit transaction with a disqualified person outstanding as of the end of the organization with a disqualified person outstanding as of the end of the organization with any organization and the summary of the o |

| , Pa | rt.V Statements Regarding Other IRS Filings and Tax Compliance | | | | | | | |
|------|---|---------------------------------------|------------------------|-------------------------|--|--|--|--|
| | | | Yes | No | | | | |
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable | | | | | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | <u>ַ</u> | | | | | | |
| C | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | | | | | | |
| 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 | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | -200 | <i>वच्चा</i> स्टब्स्ट व | | | | |
| | 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 | a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | | | | | | | |
| | 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 | | 1 | | | | |
| ь | If "Yes," enter the name of the foreign country: ▶ | 337 | | | | | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | a a | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | √ | | | | |
| þ | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | √ | | | | |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | 5c | | | | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? | 6a | | ✓ | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | A.C. 180 | 284 1953 | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | √ | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | ्राप्त करा इ.स.च्या | √ | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | - 200 | | | | | | |
| е | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | in the | <u>√</u> | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | | | | | |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | | | | |
| _ | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | 7h | (Special | \$60, 420 | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | | | |
| а | Did the organization make any taxable distributions under section 4966? | 9a | | | | | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | المارية المتعارد | <u> চিক্র</u> | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | W. | 電場 | | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 19. | | | | | |
| 11 | eress results, metadad on remitass, rat vin, imo ra, roi pablio abo of oldb ratinities | | | F | | | | |
| 11 | Section 501(c)(12) organizations. Enter: Gross income from members or shareholders | | | | | | | |
| a | | 震气 | | | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 學家 | | | | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes." enter the amount of tax-exempt interest received or accrued during the year | 12a | (, , , , , | & 71 | | | | |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| Sec | tion A. Governing Body and Management | | | |
|-----|--|-----------------------|-----------|-------------------------|
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body | | N. A. S. | 神经 |
| ь | Enter the number of voting members that are independent | 1 00 m | 3 19 | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | 10 m | | المنافد ا |
| | any other officer, director, trustee, or key employee? | 2 | 1 | |
| 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 | | ✓ |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | ✓_ |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | ✓ |
| 6 | Does the organization have members or stockholders? | _6_ | ✓ | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members | | | |
| | of the governing body? | 7a | | |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | ✓ | 550 Ta |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | 《》 | |
| | the year by the following: | Le de | S.A. | |
| а | The governing body? | 8a | ✓ | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | ✓ | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached | | | , |
| 500 | at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9a | | ✓ |
| | tion B. Policies (This Section B requests information about policies not required by the Inte enue Code.) | ernai | | |
| | | | Yes | No |
| 100 | Dana the appropriation have been been the propriate to the control of the control | 10a | res | No_ |
| | Does the organization have local chapters, branches, or affiliates? | IUa | | _ |
| D | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, | 10Ь | | |
| 11 | affiliates, and branches to ensure their operations are consistent with those of the organization? Has the organization provided a copy of this Form 990 to all members of its governing body before filing the | 100 | | |
| •• | form? | 11 | | |
| 11A | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | NO. | |
| | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | 105 | √ |
| | Are officers, directors or trustees, and key employees required to disclose annually interests that could give | | | |
| | rise to conflicts? | 12b | | |
| С | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | |
| _ | describe in Schedule O how this is done | 12c | 1 | |
| 13 | Does the organization have a written whistleblower policy? | 13 | | ✓_ |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | | 1 |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | 建 | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | 4.20 | 3320 |
| | The organization's CEO, Executive Director, or top management official | 15a | | <u> </u> |
| b | Other officers or key employees of the organization | 15b | 42.5 | √ |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) | | · # | 原門 |
| 16a | | 1 | | |
| | with a taxable entity during the year? | 16a | -X-35-16- | √ &\$ #*\$\$. |
| Ь | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate | | | 2 |
| | 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? | | 4 | |
| Sec | tion C. Disclosure | 16b | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ► IL | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c | | anka | |
| | available for public inspection. Indicate how you make these available. Check all that apply. | , ₍₍₃₎ S (| Jriiy) | |
| | ☐ Own website ☐ Another's website ☑ Upon request | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict | of inte | rest | |
| | policy, and financial statements available to the public. | | , 031 | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and reco | rds of | the | |
| | organization: ► Helga Blaumueller, Secretary | | | |
| | 2007 Chinkapinoak Dr. Mt. Prospect 1L 60056, 847-375-0040 | | | |

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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, 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.

| Check this box if the organization did (A) | (B) | T | | | C) | | | (D) | (E) | (F) |
|--|-------------------|--------------------------------|----------------------|---------|--------------|------------------------------|--------|--|--|---|
| Name and Title | Average hours per | um nos | | | | | | | | Estimated amount of |
| | week | Individual trustee or director | nstitutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | compensation from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| Eckhard Blaumueller, Pres | 25 | | | 1 | | | | 0 | 0 | |
| Rudi Mayer,VP | 7 | | | 1 | | | | 0 | 0 | (|
| William Milleker, VP | 15 | | | 1 | | | | 0 | 0 | (|
| Peter Wenson, VP | 3 | | | 1 | | | | 0 | 0 | (|
| Helga Blaumueller, Secretary | 25 | | | 1 | | | | 0 | 0 | (|
| Nikolaus Wiegert, CFO | 21 | | | 1 | | | | 0 | 0 | - |
| Joe Grosskopf, Treasurer | 8 | | | 1 | | | | 0 | 0 | (|
| Marianne Strumberger, Dir | 25 | 1 | | | | | | 0 | 0 | (|
| Edward Palffy, Dir | 4 | 1 | | | | | | 0 | 0 | |
| Joseph R Grosskopf, Dir | 5 | 1 | | | | | | 0 | 0 | (|
| Richard Toth, Dir | 4 | 1 | | | | | | 0 | 0 | (|
| Rob Mayer, Dir | 3 | 1 | | | | | | 0 | 0 | (|
| Randy Baker, Dir | 3 | 1 | | | | | | 0 | 0 | 1 |
| Joe Kuechel, Dir | 3 | 1 | | | | | | 0 | 0 | (|
| | | | | | | | | | | |
| | | | | | | | | | | |

| ĮРа | Section A. Officers, Directors, Tru | | Emp | loy | | | d Hig | hest | | # Employe | es (co | ntinued) |
|-----|---|---------------------------|----------------------------------|-----------------------|--------------------|--------------|------------------------------|-------------|---|---|-----------------------|--|
| | (A) Name and title | (B) Average | (C) Position (check all that app | | | | | | (D) | (E) | hio | (F) |
| | | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | Reportable compensation from the organization (W-2/1099-MISC) | Reporta compensa from rela organizat (W-2/1099- | ation ited ions | Estimated amount of other compensation from the organization and related organizations |
| | | | | L | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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| | ······································ | | | <u> </u> | - | - | | \vdash | | | | |
| | | | | | _ | _ | | | | | | |
| | | | | | | | | | | | | |
| 1b | Total | | | | | | | > | | | | · · · · · · · · · · · · · · · · · · · |
| 2 | Total number of individuals (including but r reportable compensation from the organization) | | to the | se | liste | ed a | bove |) wh | o received mo | re than \$1 | 100,00 | 10 in |
| 3 | Did the organization list any former office employee on line 1a? If "Yes," complete So For any individual listed on line 1a, is the sthe organization and related organizations | chedule J t um of repo | for su ortable | ch i e co | <i>indi</i> omp | vidu ens | <i>ial</i> sation | and | other comper | nsation fro | om | Yes No 3 ✓ |
| 5 | individual | | | | | | | | | | . | 4 / |
| | services rendered to the organization? If " | es," comp | lete S | Sch | edu | le J | for s | uch | | ariization | | 5 ✓ |
| | ction B. Independent Contractors | | | | | | | | | | * • • | |
| 1 | Complete this table for your five highest compensation from the organization. | mpensate | d inde | epe | nde | nt c | ontra | ctor | s that received | i more tha | an \$10 | 0,000 of |
| | (A) Name and business add | ress | | | | | | | (B) Description of se | ervices | | (C) Compensation |
| No | 10 | | | | | | | _ | <u>.</u> | | <u> </u> | |
| | | | | | | | | | | | <u> </u> | · |
| | | | | | | | | | | | _ | |
| 2 | Total number of independent contractors (in more than \$100,000 in compensation from | ncluding bu the organ | ıt not izatio | limi n ► | ited | to 1 | lhose | liste | ed above) who | received | でいる | |

| Par | t VII | Statement of Reve | enue | | | | | | |
|--|--------------------------|--|--------------|----------|-------------------------|--|--------------------------------|--|--|
| | | | | | | (A) Total revenue | (B) Related or exempt function | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections |
| 可 の | | THE TANK THE COUNTY TO SEE THE THE WAS THE THE | | | | 是)、强 · · · · · · · · · · · · · · · · · · · | revenue | N. SOF ENTERNANCE C | 512, 513, or 514 |
| ributions, gifts, grants other similar amounts | | Federated campaigns . | | 1a | 04 505 | | | | 新教育等 |
| ρŠ | | b Membership dues 1b 1c 1c | | | 21,595 | of ' → ' ' ` ` ` \ ' ` ` ` ` ` ` ` ` ` ` ` ` ` | | | |
| gifts, Iar an | | | | | 71,521 | 医沙兰氏 | 多等性。 | 医表示素性 | |
| 9.5 | | • | | 1d | 0 | · 多美 白經濟 | | | 医水性 酸氢素 |
| Contributions, and other simil | e | e Government grants (contributions). 1e | | | 0 | 事事等等 | 医夏松油食品 | | |
| e E | f | All other contributions, gifts, gra | ints, |] | } | 是非正确的 | 22年至12年 | E ELECT | YA'S NETTER |
| 훈동 | | and similar amounts not include | d above | _1f | 62,209 | | | | |
| F | | Noncash contributions included in lines 1a-1f: \$ | | | | | | | |
| <u>O</u> # | h Total. Add lines 1a-1f | | | <u> </u> | 155,325 | 新教 光器 连 "安京" | | | |
| 9 | | | | | Business Code | 建筑建筑 | | | |
| ven | 2a | Tuition | | | 611600 | 22,090 | 22,090 | | |
| æ | b | Senior prgram Service | | | 624200 | 22,841 | 22,841 | | |
| ice | c | Youth/children/school | Prog. S | | 611600 | 41,746 | 41,746 | | |
| Service Revenue | d | | | | | | | | |
| | e | | | | | | | | |
| Program | f | All other program service | revenue | · . | | | | | |
| Ą. | g | Total. Add lines 2a-2f | | | | 86,677 | | | ર જ છ જ |
| | 3 | Investment income (inclu | | | | | | | |
| | ٦ | | | | > | 8,119 | | | 8119 |
| | 4 | Income from investment of t | | | | 0 | | | |
| | 5 | Royalties | | | | 0 | | | |
| | | , | (i) Real | | (ii) Personal | 李二章 "是一家" | CONTRACT | | 2000年1000年1 |
| | 6a | Gross Rents | | | | 是是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一 | 的學術學 | | |
| | l G | · · · F | - | | | 學學學學學 | | | |
| | C | Less: rental expenses Rental income or (loss) | | | | | 主要的交流 | | |
| | ď | Net rental income or (loss | (2 | | • | | | | in the second second |
| | | | (i) Securiti | · · | (ii) Other | | | Daniel Committee | |
| | /a | Gross amount from sales of assets other than inventory | (i) Occurren | | (ii) Other | | | | |
| | | · F | | | | | | | |
| : | b | Less cost or other basis | | | | | | | |
| | | and sales expenses . | | | | | | | |
| | | Gain or (loss) L. Net gain or (loss) | | | <u> </u> | | | | |
| | | - | | • | | \$0.555 / \$15 BAVE : | 7944744 | in the best of the second of the second | 3 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 |
| eune | 8a | | fundraisi | • | | | | | |
| | | , | | | | 医克莱克斯 (1) | | | |
| Re | | of contributions reported | on line 1 | | 30.040 | THE PARTY OF THE P | 生工会工业 | | |
| <u>-</u> | | See Part IV, line 18 | • • • | a | 38,949 15,877 | | 电影影响 | | |
| Other Re | | Less: direct expenses . | | , D | | 22.070 | | | |
| 0 | | Net income or (loss) from | | • | vents | 23,072 | Carlos Arthur Posis | the program of medical states. The | 23,072 |
| | 9a | Gross income from gaming | | | į | | | | |
| | | See Part IV, line 19 | | | | | | | |
| | | Less direct expenses | | | | 是"他是"的" | Beeff Barbard | 及為學學學 | "我们还有多数数 |
| | С | Net income or (loss) from | gaming | activ | ities | 0 | and the name of the | | Personal Company |
| | 10a | Gross sales of invent | tory, le: | SS |] | 是是"是"是这 | PARTIES | | |
| | | returns and allowances . | | . а | | | | · 秦安安斯 | |
| | | Less: cost of goods sold | | . b | | | | | |
| | င | Net income or (loss) from s | | nvent | | 0 | 70 5 12 12 12 | | |
| | | Miscellaneous Revenu | ie | | Business Code | | Pickers Children | ALTERNATION OF SECTION | |
| | 11a | | - | | | | | | |
| | b | | | | | | | | |
| | С | | | | | | | | |
| | d | All other revenue | | | | | | | |
| | е | Total. Add lines 11a-11d | | | , , , , > | | 於東國東省 | "真"。哪里 只 | 遊遊電響 |
| | 12 | Total revenue. See instru | | | <u></u> > | 273,193 | | | 31,191 |

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). | | | | | | | | | | | |
|-------------------|---|-----------------------|------------------------------|---|--|--|--|--|--|--|--|--|
| | not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses | | | | | | | |
| 1 | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | 11,500 | 11,500 | | | | | | | | | |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | | | | | | | | | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | | | | | | | | | | | |
| 4 5 | Benefits paid to or for members | | | Fr Bo Ten to Cold to This y | | | | | | | | |
| 6 7 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 20,495 | 20,495 | | | | | | | | | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | · | | | | | | | | | | |
| 9 | Other employee benefits | | | | | | | | | | | |
| 11 a b c | Fees for services (non-employees): Management | | | | | | | | | | | |
| f | Lobbying | | | | | | | | | | | |
| 9 12 13 | Other | 12,417 19,056 | | 12,417 | | | | | | | | |
| 14 15 | Information technology | | | | | | | | | | | |
| 16 17 | Occupancy | 79,315 | 79,315 | | | | | | | | | |
| 18 19 | Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings. | | | | | | | | | | | |
| 20 21 22 | Interest | | | | | | | | | | | |
| 23 | Insurance | 7,877 | | 7,877 | | | | | | | | |
| 24 | Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) | | | | | | | | | | | |
| a b c | Fund raising | 68,984 | | | 68,984 | | | | | | | |
| d e | | | | | | | | | | | | |
| 25 26 | All other expenses Total functional expenses. Add lines 1 through 24f | 219,644 | 130,366 | 20,294 | 68,984 | | | | | | | |
| 26 | 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 | | | | | | | | | | | |

Part X **Balance Sheet** (A) Beginning of year (B) End of year 24,635 47,450 1 468,314 2 591,988 2 0 3 3 0 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 6 Assets 7 8 9 10a other basis. Complete Part VI of Schedule D Less: accumulated depreciation 10b 1.289.134 1.196.194 11 11 12 12 Investments - other securities. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 13 14 14 Other assets. See Part IV. line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 1.782.083 16 1,835,632 17 17 18 18 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties . . . 24 24 25 25 Total liabilities. Add lines 17 through 25 26 26 Organizations that follow SFAS 117, check here ▶ □ and or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. Net Assets 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 1,782,083 32 1,835,632 32 Retained earnings, endowment, accumulated income, or other funds 33 1,782,083 33 1,835,632 Total liabilities and net assets/fund balances 1,782,083 34 1,835,632

| Pai | rt XI Financial Statements and Reporting | | | |
|-----|--|-------|-----------|-----------------|
| | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: | - 35. | 域数 | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | | | |
| | Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | ✓ |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | | _ |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | | | |
| | the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | £ 65.2 | - C 10 |
| | If the organization changed either its oversight process or selection process during the tax year, explain in | - A | | Taring Serve |
| | Schedule O | | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were | | | |
| | issued on a consolidated basis, separate basis, or both: | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | 三年, | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in | | | _ |
| | the Single Audit Act and OMB Circular A-133? | 3a | | -√ |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | ا ا | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | 3b | | |

Form **990** (2009)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number Society of the Danube Swabians of the USA 2477890 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ĸ 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.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) R An organization that normally receives: (1) more than 33\% % 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 33/3 % 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I **b** Type II c Type III-Functionally integrated d Type III-Other e Dy checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the q following persons? 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? 11g(i) (ii) A family member of a person described in (i) above? . . . 11g(ii) 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). (i) Name of supported 60 FIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? Yes Mα Yes No Yes Nο

| | Support Schedule for Org (Complete only if you chec | ganizations (ked the box | Described in on line 5, 7, | Sections 17 or 8 of Part I. | 0(b)(1)(A)(iv) .) | and 170(b)(1) | (A)(vi) |
|---------|---|-------------------------------------|---------------------------------------|---|--|-------------------|-----------|
| Sec | tion A. Public Support | | | | | | |
| | lendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | 283,249 | 242,002 | 525,251 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | 0 | 0 | 0 |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | <u></u> | | | 283,249 | 242,002 | 525,251 |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | TAX DIE | A PROPERTY OF THE | THE WAR | | | |
| Sec | tion B. Total Support | | <u> </u> | ············· | | | |
| | lendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | 们 Total |
| 7 | Amounts from line 4 | | | | 283,249 | 242,002 | 525,251 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | 6,207 | 8,119 | 14,326 |
| 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.) | | | | 98,107 | 23,072 | 121,179 |
| 11 | Total support. Add lines 7 through 10 . | 美国社会 | 一种最多的基础 | 語程言語報 | 美国的企业 | 新疆教育 | 660,756 |
| 12 | Gross receipts from related activities, etc | . (see instructio | ons) | | | 12 | 0 |
| 13 | First five years. If the Form 990 is for organization, check this box and stop he | | n's first, secon | | - | | 501(c)(3) |
| Sec | tion C. Computation of Public Su | pport Percei | ntage | | | | |
| 14 | Public support percentage for 2009 (line | 6, column (f) di | vided by line 1° | i, column (f)) | | 14 | %% |
| 15 | Public support percentage from 2008 Sci | hedule A, Part I | II, line 14 . | | | 15 | <u> </u> |
| 16a | 33\% support test—2009. If the organiand stop here. The organization qualifies | | | | | 6 or more, chec | . — |
| b | 33% % support test—2008. If the organization qua | | | | | | |
| 17a | 10%-facts-and-circumstances test—20 more, and if the organization meets the "f organization meets the "facts-and-circum | acts-and-circur | mstances" test, | check this box | and stop here. | Explain in Part I | V how the |
| b 18 | 10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumstation meets the "facts-and-circumstation. If the organization did | acts-and-circum ances" test. The | nstances" test, o organization qua | check this box a alifies as a public | and stop here . bly supported on | Explain in Part I | V how the |

| | dule A (Form 990 or 990-EZ) 2009 | | | | | | | Page 3 |
|------------------|--|------------------|-----------------|------------------|---|-----------|-------------|-------------|
| Pa | ' Support Schedule for Orga (Complete only if you check | | | | a)(2) | | | |
| | tion A. Public Support | | | | | | | |
| Ca | alendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2 | 009 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | | |
| 5 6 | The value of services or facilities furnished by a governmental unit to the organization without charge | ; | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | | |
| С | Add lines 7a and 7b | | | | | <u> </u> | | |
| 8 | Public support (Subtract line 7c from line 6.) | | | | | 建筑 | | |
| | tion B. Total Support | | | | r | | | |
| Ca | alendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2 | 009 | (f) Total |
| 9 10a | Amounts from line 6 | | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | | |
| С | Add lines 10a and 10b | | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | | |
| 14 | First five years. If the Form 990 is for organization, check this box and stop | here | <u></u> | | | | | |
| Sec | tion C. Computation of Public Su | | | | · | | | |
| 15 | Public support percentage for 2009 (lin | | | | • | 15 | | <u>%</u> |
| 16 Sec | Public support percentage from 2008 Stion D. Computation of Investment | | | | | 16 | | <u> %</u> |
| <u>3ec</u> 17 | | | | d by line 40 - | olumes (A) | 17 | | <u>%</u> |
| 17 18 | Investment income percentage for 200 Investment income percentage from 20 | | | | , | 18 | | % % |
| 19a | 33% % support tests—2009. If the organism not more than 33% %, check this b | anization did n | ot check the b | ox on line 14, a | and line 15 is r | nore tha | | 6, and line |
| b | 33\% % support tests—2008. If the organ line 18 is not more than 33\% %, check this | nization did not | check a box or | line 14 or line | 19a, and line 1 | 6 is mor | e than 3 | 31/3 %, and |

| Schedule A (F | orm 990 or 990-EZ) 2009 Pai | ge 44 |
|---------------|--|-------|
| Part IV | Supplemental Information. Complete this part to provide the explanations required by Part II, line 1 Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions | 0; |
| Part II, line | 10 | |
| Fund raise | r in the Chicago German American Fest event. Staffed by all volunteers. | |
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

2009

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

OMB No 1545-0047

| Nam | e of the organization | | | Employe | r identificat | ion number |
|--------|--|---|-------------------|---------------------|----------------------------------|---------------------|
| Soc | ciety of the Danube Swabians of the USA | | | 36 | 2 | 477890 |
| Pa | Organizations Maintaining Donor Advised Funds the organization answered "Yes" to Form 990, Part I | | Func | is or A | ccounts | . Complete if |
| | (a) Donor advis | ed funds | | (b) Fur | nds and othe | r accounts |
| 1 | Total number at end of year | | | | | |
| 2 | Aggregate contributions to (during year) | | | | | |
| 3 | Aggregate grants from (during year) | | | | | |
| 4 | Aggregate value at end of year | | | | | |
| 5 | Did the organization inform all donors and donor advisors in writing funds are the organization's property, subject to the organization's | ng that the assets he s exclusive legal co | eld ir introl? | donor | advised | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor advisused only for charitable purposes and not for the benefit of the douprose conferring impermissible private benefit? | | or, o | r for an | y other | ☐ Yes ☐ No |
| Pa | rt II Conservation Easements. Complete if the organization | | | | | line 7. |
| 1 | Purpose(s) of conservation easements held by the organization (c | · · · · · · · · · · · · · · · · · · · | | | | |
| - | Preservation of land for public use (e.g., recreation or pleasure | | | an histoi | ically impo | ortant land area |
| | ☐ Protection of natural habitat | ☐ Preservation | | | | |
| | Preservation of open space | | | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conceasement on the last day of the tax year. | onservation contribut | ition i | n the fo | rm of a co | nservation |
| | | | | 建 | Held at the | End of the Tax Year |
| а | Total number of conservation easements | | | 2a | | |
| ь | Total acreage restricted by conservation easements | | | 2b | | |
| C | Number of conservation easements on a certified historic structure | | | 2c | | |
| d | Number of conservation easements included in (c) acquired after | | | 2d | l | |
| 3 | Number of conservation easements modified, transferred, release the tax year ▶ | d, extinguished, or t | termir | nated b | y the orga | nization during |
| 4 | Number of states where property subject to conservation easeme | ent is located ▶ | | | | |
| 5 | Does the organization have a written policy regarding the periodic violations, and enforcement of the conservation easements it hold | monitoring, inspec | tion, | handlin | - | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, and | | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, and enfor | cing conservation ea | asem | ients di | iring the y | rear |
| 8 | Does each conservation easement reported on line 2(d) above sat 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? | | ts of | section | | ☐ Yes ☐ No |
| 9 | In Part XIV, describe how the organization reports conservation e balance sheet, and include, if applicable, the text of the footnote the organization's accounting for conservation easements. | asements in its reve | enue a s fina | and exp ncial st | ense state atements | ement, and |
| Pa | Organizations Maintaining Collections of Art, Histor Complete if the organization answered "Yes" to Form 9 | ical Treasures, or 90, Part IV. line 8. | Oth | er Sim | ilar Asset | ts. |
| | | | | | | |
| 1a | If the organization elected, as permitted under SFAS 116, not to r art, historical treasures, or other similar assets held for public exhib provide, in Part XIV, the text of the footnote to its financial statem | ition, education, or re | esear | ch in fu | rtherance | |
| b | historical treasures, or other similar assets held for public exhibiti provide the following amounts relating to these items: | on, education, or res | searc | h in fur | therance o | of public service, |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | | | ➤ \$ | |
| | (ii) Assets included in Form 990, Part X | | | | ▶ \$ | |
| 2 | If the organization received or held works of art, historical treasurable following amounts required to be reported under SFAS 116 relations | ares, or other similaring to these items: | r ass | ets for | financial g | gain, provide the |
| a b | Revenues included in Form 990, Part VIII, line 1 | | · · | | > \$ > \$ | |

| Page | 2 |
|------|---|
| | |

| Par | t III Organizations Maintaini | ng Collections | of Art, Histor | ical Treasures | , or Ot | her Similar A | Assets (continued) |
|---------|--|-------------------------------|--------------------------------------|--|------------|--|---|
| 3 | Using the organization's acquisition collection items (check all that apply | | other records, | check any of the | followi | ng that are a | significant use of its |
| а | Public exhibition | | d □ | Loan or excha | nge pro | ograms | |
| b | Scholarly research | | е 🗌 | | | | |
| С | Preservation for future general | ions | | | | | |
| 4 | Provide a description of the organiz Part XIV. | ation's collections | s and explain h | now they further | the org | janization's ex | kempt purpose in |
| 5 | During the year, did the organization sassets to be sold to raise funds rather | solicit or receive do | onations of art, ained as part of | historical treasure the organization | es, or of | ther similar | Yes No |
| 'Par | Escrow and Custodial A IV, line 9, or reported an | | | | nswere | d "Yes" to F | orm 990, Part |
| | Is the organization an agent, trustee included on Form 990, Part X? . | | | | ons or c | other assets n | ot . 🗌 Yes 🗌 No |
| b | If "Yes," explain the arrangement in | Part XIV and con | nplete the follo | wing table: | | | |
| | | | | | | | Amount |
| С | Beginning balance | | | <i></i> | 1c | | |
| ď | Additions during the year | | | . . | 1d | | |
| е | Distributions during the year | | | | 1e | | |
| f | Ending balance | | | | 1f | | |
| 2a b | Did the organization include an amount "Yes," explain the arrangement in | ount on Form 990 Part XIV. | , Part X, line 2 | 1? | | | Yes No |
| Par | Endowment Funds. Co | mplete if the org | ganization an | swered "Yes" t | o Forn | n 990, Part I | V, line 10. |
| | | (a) Current year | (b) Prior year | (c) Two years | | 1) Three years bad | ck (e) Four years back |
| 1a | Beginning of year balance, , . | | | "我们是 " | | 第7次至于第 | THE TOTAL SECTION OF THE PARTY |
| b | Contributions | | | | 1 (Market) | 語な選挙で記録 | |
| - | Net investment earnings, gains, | | | | \$4.5 m | 高兴为孝小 城 | 2.1 经国际基本证据的 |
| • | and losses | - | | | | | |
| d | Grants or scholarships | | - | 73° E 28 | | | THE THINKS |
| e | Other expenditures for facilities | *** | | 小孩子 | 75% C | | |
| • | and programs | i I | | | | | |
| f | Administrative expenses | | | | | | 1 20112441061 |
| g | End of year balance | | | A. C. | | The Contract of the Contract o | Mary College |
| 2 | Provide the estimated percentage of | f the year end bal | | The same of the sa | | | 2-10-20-00-00-00-00-00-00-00-00-00-00-00-00 |
| а | Board designated or quasi-endowm | | % | | | | |
| b | Permanent endowment ► | | | | | | |
| С | Term endowment ► % |) | | | | | |
| За | Are there endowment funds not in the organization by: | e possession of th | e organization | that are held and | d admin | istered for the | Yes No |
| | (i) unrelated organizations | | | | | | 3a(i) |
| | (ii) related organizations | | | | | | 3a(ii) |
| b | If "Yes" to 3a(ii), are the related orga | inizations listed a | s required on S | Schedule R? | | | 3b |
| 4 | Describe in Part XIV the intended us | ses of the organiz | ation's endowr | nent funds. | | | <u> </u> |
| Par | t VI Investments—Land, Bu | ildings, and Eq | uipment. See | Form 990, Pa | rt X, lir | ne 10. | |
| | Description of investment | (a) Cost or ot (investm | | Cost or other pasis (other) | | cumulated reciation | (d) Book value |
| 1a | Land | | | 1,196,194 | ***** | | 1,196,194 |
| ь | Buildings | | | | | | -1.001.04 |
| c | Leasehold improvements | • | | | | | |
| d | Equipment | , • <u> </u> | | - | ··- | - | |
| е_ | Other | must acres 7 | OO Dest V | mm (D) H== 40(1) | | | |
| rota | . Add lines 1a through 1e. (Column (d) i | riust equal Form 9 | эυ, гап х, соіці | חח (ש), ווחפ 10(c).) | | . , , ▶ | 1,196,194 |

| Part VII Investments—Other Securities | s. See Form 990, Part | X. line 12. |
|---|-----------------------|--|
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
| Financial derivatives | | |
| Closely-held equity interests | | |
| Other | | |
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| | <u> </u> | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) | -d C F 000 D-d | |
| Part VIII Investments—Program Relat | 1 | |
| (a) Description of investment type | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
| | | - |
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| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) | | |
| Part IX Other Assets. See Form 990, P | art X. line 15. | to the property of the property of the state |
| | (a) Description | (b) Book value |
| | | |
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| Total. (Column (b) must equal Form 990, Part X, col. | | |
| Part X Other Liabilities. See Form 990 | , Part X, line 25. | |
| 1. (a) Description of liability | (b) Amount | |
| Federal income taxes | | |
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| 7-1-1-0-1 | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶ | - F | |

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

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| Schedule D (Fo | m 990) 2009 | Page 5 |
|----------------|---|-------------|
| Part XIV | Supplemental Information (continued) | |
| | | |
| | | · - |
| Part VI, line | e 1a: | |
| | | |
| At this time | we have not established the cost break down for land, building and equipment because depreciation | |
| wae not us | ed in prior years. | |
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047 Open To Public Inspection

Department of the Treasury Internal Revenue Service

| Name of the organization | | | | | Employer identifi | cation number |
|--|---------------------------------------|---|--|---|---|---|
| Society of the Danube Swabians of | | | | | 36 | 2477890 |
| Part I Fundraising Activitie Form 990-EZ filers are | | | | | Form 990, Par | t IV, line 17. |
| Indicate whether the organization Mail solicitations Internet and email solicitation | | through an e f | Solicitati Solicitati | on of non-governme on of government g | ent grants | <i>j</i> . |
| c Phone solicitations d n-person solicitations | | g L | Special 1 | fundraising events | | |
| 2a Did the organization have a writte or key employees listed in Form | en or oral agreei 990, Part VII) o | ment with a r entity in c | any individe connection | ual (including officers with professional fu | s, directors, truste Indraising service | es s? |
| b If "Yes," list the ten highest pai to be compensated at least \$5, | | | undraisers |) pursuant to agreer | ments under whic | th the fundraiser is |
| (i) Name of individual or entity (fundraiser) | (ii) Activity | custody o | draiser have r control of outlons? | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
| | | Yes | No | | | |
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| Total , | | | > | i_ | | |
| List all states in which the organ registration or licensing. | _ | | | | | |
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| Pa | art I | Fundraising Events. Commore than \$15,000 on F | omplete if the organiza form 990-EZ, line 6a. L | ıtıon answered "Yes" t List events with gross ı | o Form 990, Part IV, II receipts greater than \$ | ne 18, or reported 55,000. |
|-----------------|----------|--|---|--|---|--|
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
| | | | German Fest | | | (add col (a) through |
| _ | | | (event type) | (event type) | (total number) | col (c)) |
| Revenue | 1 | Gross receipts | 38,949 | | | 38,949 |
| Œ | 2 | Less: Charitable contributions | 0 | | | 0 |
| _ | 3 | Gross income (line 1 minus line 2) | 38,949 | | | 38,949 |
| | 4 | Cash prizes | 0 | | | |
| | 5 | Noncash prizes | 0 | | | |
| ses | 6 | Rent/facility costs | 0 | | | |
| Direct Expenses | 7 | Food and beverages | 15,877 | | | 15,877 |
| Jirect | 8 | Entertainment | 0 | | | |
| L | 9 | Other direct expenses | 0 | | | |
| | 10 11 | Direct expense summary. Ad Net income summary. Comb | d lines 4 through 9 in c ine line 3, column (d), a | olumn (d) | | (<u>15,877)</u> 23,072 |
| Pa | rt II | Gaming. Complete if t than \$15,000 on Form | he organization ansv | vered "Yes" to Form | 990, Part IV, line 19, | |
| Revenue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
| Rev | 1 | Gross revenue | | | | |
| Ses | 2 | Cash prizes | | | | |
| Direct Expenses | 3 | Noncash prizes | | | | |
| Direct | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses . | | | | |
| | 6 | Volunteer labor | ☐ Yes% ☐ No | ☐ Yes% ☐ No | ☐ Yes% ☐ No | |
| | 7 | Direct expense summary. Ad | d lines 2 through 5 in c | olumn (d) | | () |
| | 8 | Net gaming income summary | . Combine line 1, colur | nn d, and line 7 | | |
| 9 | En | nter the state(s) in which the o | rganization operates ga | aming activities: | | Yes No |
| a b | | the organization licensed to o "No," explain: | | | | 9a |
| 40- | | | | | | 100 |
| 1Ua b | | ere any of the organization's of "Yes," explain: | gaming licenses revoke | | | |
| | | | | | | |
| 11 12 | ls | pes the organization operate g the organization a grantor, be med to administer charitable | neficiary or trustee of | a trust or a member of | • | * [] _ [] |
| _ | | | <u>, , </u> | <u> </u> | <u> </u> | |

| Sche | edule G (Form 990 or 990-EZ) 2009 | | ī | Page 3 |
|--------------|--|-------|--|--|
| | · | | Yes | No |
| 13 a b | Indicate the percentage of gaming activity operated in: The organization's facility | | | The state of the s |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | | |
| | Name ▶ | 10 mm | | |
| | Address ▶ | | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | 15a | | |
| b | If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ | 5 | | |
| С | If "Yes," enter name and address of the third party: | | | |
| | Name ▶ | | | |
| | Address > | 18 | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | |
| 16 | Gaming manager information: | | | |
| | Name ▶ | | | |
| | Gaming manager compensation ▶ \$ | | | |
| | Description of services provided ▶ | | | |
| | ☐ Director/officer ☐ Employee ☐ Independent contractor | | | |
| 17 | Mandatory distributions: | | | |

a Is the organization required under state law to make charitable distributions from the gaming proceeds to

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

retain the state gaming license?

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No 1545-0047

Open to Publ Inspection

2 □ Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Employer identification number 2477890 ∑ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 36 the selection criteria used to award the grants or assistance? Part I General Information on Grants and Assistance Society of the Danube Swabians of the USA Name of the organization

5

| 1 (a) Name and address of organization or government | (p) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------------|----------------------------------|--------------------------|-----------------------------------|---|--|---------------------------------------|
| Des Plaines Histotical Society | | 501 c 3 | 1000 | | | | education |
| Des Plaines Community Senior Center | | 501 c 3 | 3000 | | | | Senior services |
| Des Plaines Community Foundation | : | 501 c 3 | 0000 | | | | handicap help |
| Maine-Niles Association of Special Recreation | | 501 c 3 | 3000 | | | | handicap transport |
| Des Plaines Food Pantry | | 501 c 3 | 1500 | | | | food and clothing |
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| | | | | | | | |
| 2 Enter total number of section 501(c)(3) and government organizations3 Enter total number of other organizations | and governr tions | nent organizations | | | | | 5 |

Schedule I (Form 990) 2009

Cat No 50055P

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

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Schedule I (Form 990) 2009

Parre III Grants al

| (a) Type of grant or assistance | (b) Number of reciplents | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appralsal, other) | (f) Description of non-cash assistance |
|---|--------------------------|--|---|---|--|
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| Part IV Supplemental Information. Complete this par | te this part to pr | t to provide the information required in Part I, line | on required in Part | 121 | and any other additional information. |
| Part I, line 2: | | | | | |
| The organization is active in the community and only awards | | grants to established 501 c 3 community organizations. | c 3 community orga | nizations. | |
| The organization does not monitor the use of the grants. | | | | | |
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| | | | | | Schedule I (Form 990) 2009 |

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

OMB No 1545-0047

Employer identification number

Open to Public-Inspection

| Society of the Danube Swabians of the USA | 36 | 2477890 |
|--|---------|-----------------------|
| Part VI, line 2: Family relationship. | | |
| Part VI, line 6: Organization has only members and no stock holders. | | |
| Part VI, line 7a: The organization's members elect the members of the governing body. | | |
| Part VI, line 7b: Expenditure above \$50,000 require the approval of the membership. | | |
| Part VI, line 11a: The board reviews a final copy of Form 990 before filing with the IRS. | | |
| Part VI, line 19: Form 1023 and 990 available for inspection and will be provided upon req | uest. O | ther documents do not |
| exist at this time. | | |
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