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Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations 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

OMB No 1545-1150

Open to Public Inspection

Dep	artment	of the Treasury	assets less than \$1,250,000 at the end of the year may The organization may have to use a copy of this return to satisfy		o (a)	Inspection	
Δ				30/10	 _		
B Check if applicable Please C Name of organization D Employer identificat							
$\bar{\sqcap}$		s change use IRS			B Emplo	yer identification number	
H	Name o	label or	I CALRSHIDG ROTARY CLIB ROTADATIO	N	38-	3703565	
П	Initial re	print or	Number and street (or P O box, if mail is not delivered to street address)	Room/suite	E Telepi	none number	
П	Termina	ation See	P.O. BOX 68		309	-343-2284	
	Amende	Specific ed return Instruc	Cobservations of the company and ZID 1.4	,	F Group	Exemption	
	Applicat	tion pending tions.	GALESBURG IL 61402-	0068	Numb	er 🕨	
	• Sec	ction 501(c)(3) orga	nizations and 4947(a)(1) nonexempt charitable trusts must attach	G Accounting	method	X Cash Accrual	
			ompleted Schedule A (Form 990 or 990-EZ).	Other (specify)	_		
J	Websi	ite: ▶ <u>N/A</u> :		H Check ►	If the o	rganization is not	
<u>J</u>	Tax-ex	empt status (check only				dule B (Form 990,	
K	Check		organization is not a section 509(a)(3) supporting organization and it			nore than \$25,000 A	
			return is not required, but if the organization chooses to file a return,			42 204	
느			9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Fo		▶ \$	43,384	
<u>_r</u>	art I		xpenses, and Changes in Net Assets or Fund Balar	ices (See the insti-		17,809	
	1		ants, and similar amounts received		2	996	
	2	~	venue including government fees and contracts		3		
	3	Membership dues			4	2,185	
	4	Investment income	1	J	-	2,103	
2	5a		hasis and sales expenses 5a 5b				
01 N 7	b			L.,	_{5c}		
	٦	, ,	le of assets other than inventory (Subtract line 5b from line 5a)	a chack hara	30		
evenue	6		tivities (complete applicable parts of Schedule G). If any amount is from gamin of contributions.	ig, check here			
_ ₹	a	Gross revenue (no	6a	22,36	5		
کھر		reported on line 1)	ses other than fundraising expenses 6b	12,00			
	b	Net income or (los		10,358			
<u> </u>	7a	•					
2	b	Less cost of good	entory, less returns and allowances 7a s sold 7b		ન		
₹	C	_	s) from sales of inventory (Subtract line 7b from line 7a)	<u> </u>	7c		
SCARATE SCARATE	8		scribe See Statement) 8	29	
ก	9		d lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 RECEIVED		9	31,377	
_	10		amounts paid (attach schedule)		10	11,017	
	11	Benefits paid to or		ါပ္က	11		
"	12		for members spensation, and employee benefits G		12		
ses		Professional fees a	and other neumonic to radone adopt contract the second	[2]	13	580	
Expense	14	Occupancy, rent. u	tilities, and maintenance OGDEN, UT	and Till	14		
Щ	15	Printing, publicatio	ns, postage, and shipping		15	122	
	16	Other expenses (d	escribe See Statement 2) 16	8,287	
	17		dd lines 10 through 16		17	20,006	
	18	Excess or (deficit)	for the year (Subtract line 17 from line 9)		18	11,371	
Net Assets	19	Net assets or fund	balances at beginning of year (from line 27, column (A)) (must agree	e with			
Ass		end-of-year figure	reported on prior year's return)		19	51,309	
et	20	Other changes in r	et assets or fund balances (attach explanation)		20		
_	21	Net assets or fund	balances at end of year Combine lines 18 through 20		21	62,680	
F	art II	Balance Sh	eets. If Total assets on line 25, column (B) are \$1,250,000 or more	e, file Form 990 instead	of Form 99	0-EZ	
		_ .	(See the instructions for Part II)	(A) Beginning of year		(B) End of year	
22	Cash,	9 22	62,680				
23	Land a	and buildings			23		
24	Other	assets (describe)	ļ	24		
25	Total a	assets		51,30	9 25	62,680	
		liabilities (describe			0 26	0	
			es (line 27 of column (B) must agree with line 21)	51,30	9 27	62,680	
Fo	r Privac	cy Act and Paperwo	rk Reduction Act Notice, see the separate instructions.			Form 990-EZ (2009)	

Form 990-EZ (2009) GALESBURG			<u>8-3703565</u>				Page 2
Part III Statement of Program	n Service Accomplishment	s (See the instruc	tions for Part II	<u> .)</u>		Ex	penses
What is the organization's primary exempt purpose?							for section
See Statement							and 501(c)(4)
Describe what was achieved in carrying out		org	ganızatıd	ons and section			
manner, describe the services provided, the	number of persons benefited, or oti	her relevant information	for		49	47(a)(1)	trusts, optional
each program title		_			fo	others)
28 See Statement							
(Grants \$ 11,017) If	this amount includes foreign grants	s, check here	>		28a		19,426
29							
(Grants \$) If	this amount includes foreign grants	s, check here	▶ [29a		
30							
30							
(Grants \$) If	this amount includes foreign grants	check here	•	П	30a		
<u> </u>		s, check here			000		
31 Other program services (attach schedule		chock boro	▶ 1	\Box	31a		
	this amount includes foreign grants	s, check here		_	32		19,426
32 Total program service expenses (add		A b		, ébo		otione fo	
Part IV List of Officers, Directors,	Trustees, and Key Employees. Lis	(b) Title and average	(c) Compensation	(d)	Contrib	utions to	(e) Expense
(a) Name a	nd address	hours per week	(If not paid,	emplo	oyee ben	efit plans &	account and
		devoted to position	enter -0)	dete	rred com	pensation	other allowances
QUENTIN BROWN	GALESBURG	TREASURER	_				
1055 TAMARIND DR.	IL 61401	2.00	0			익	0
MICHAEL GODSIL	EAST GALESBURG	SECRETARY		1			
118 LAKEVIEW DR.	IL 61430	2.00	0			0	0
MARVIN DAHLBERG	GALESBURG	DIRECTOR					
2049 W LOSEY ST.	IL 61401	2.00	0	<u> </u>		0	0
DENNIS RENANDER	EAST GALESBURG	DIRECTOR					
113 LAKEVIEW DR.	IL 61430	2.00	0			0	0
CHRISTINE RYNER	GALESBURG	PRESIDENT					
1034 W. SHORE DR.	IL 61401	2 00	0			0	0
TOM ENGLAND	KNOXVILLE	VICE PRESIDE	T				
145 NORTHVIEW DR.	IL 61448	2.00	o	l .		0	0
LOUISE WOLF	KNOXVILLE	DIRECTOR				ì	
3 GILBERT PARK	IL 61448	2.00	o			0	o
DENISE CONWAY	GALESBURG	DIRECTOR					-
1793 MONROE	IL 61401	2.00	٥			o	О
1793 MONROE	10 01401	1 2.00					
		-	-	-			
				1			
			•				
				<u> </u>			
				<u> </u>			
		1					
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				1			
							l
					_		
DA4			•	-			990-F7 (2000)

Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of

"Yes," Form 990 must be completed instead of Form 990-EZ

Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If

Form 990-EZ (2009)

X

X

Form 990-EZ

Form	990-EZ (2009) GALESBURG ROTARY CLUB FOUNDA	TION 3	8-3703565	•		Page 4
Pa	rt VI Section 501(c)(3) organizations and section 4947(ection	<u> </u>
	501(c)(3) organizations and section 4947(a)(1) non					∂b
	and complete the tables for lines 50 and 51.	·		•		
46	Did the organization engage in direct or indirect political campaign activities	on behalf of or in op	position to		Yes	No
	candidates for public office? If "Yes," complete Schedule C, Part I	•			46	X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedu	ule C, Part II			47	X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)	? If "Yes," complete	Schedule E		48	X
49a	Did the organization make any transfers to an exempt non-charitable related	organization?			49a	X
b	If "Yes," was the related organization a section 527 organization?				49b	
50	Complete this table for the organization's five highest compensated employe	es (other than office	ers, directors, trust	ees and key		
	employees) who each received more than \$100,000 of compensation from the	ne organization If th	ere is none, enter			
	(a) Name and address of each employee paid more	(b) Title and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans &	(e) Expen	
	than \$100,000	devoted to position		deferred compensation	other allowa	
None		1	1			
		}	1			
		}	l	1		
		1	ł	1		
		1	ł			
				<u> </u>		
f	Total number of other employees paid over \$100,000	▶		_		
	Complete this table for the organization's five highest compensated independ \$100,000 of compensation from the organization. If there is none, enter "Non-					
	(a) Name and address of each independent contractor paid more than \$100,000	(b)	Type of service	(c) C	ompensation	
Nor	ne					
						
		 	 			
			-			
	Total number of other independent contractors each receiving over \$100,000					
d	Total number of other independent contractors each receiving over \$100,000					
	Under penalties of penury, I declare that I have examined this return, including	n accompanying school	ules and statements	and to the best of my	knowledge	
	and belief, it is true, correct, and complete Declaration of preparer (other than					
Sign			1/ 10.1.	: ()		
Here	T C T	 _	Date	./0		
11010	Denvir Renerde	مسعر	54.0			
	Type or print name and title					
		Date	Check if	Preparer's Iden	tifying Number (S	See instr)
Paid	Preparer's Signature	9-28	self-			• •
	- July - W					611
•	parer's Firm's name (or yours Blucker, Kneer & Asso	ociates, I	ita.		7-1013	DIT
use	Only if self-employed). P.O. BOX/1464	1464		Phone	242 -	11
	address, and ZIP + 4 GALESBURG, IL 61402	-1464		no ▶ 309	-343-4	$\overline{}$
May	the IRS discuss this return with the preparer shown above? See instructions		<u> </u>	<u> </u>	Yes	<u>No</u>
				Fo	m 990-EZ	<u>′</u> (2009)

SCHEDULE A (Form 990 or 990-EZ)

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

2009

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

GALESBURG ROTARY CLUB FOUNDATION

Employer identification number 38-3703565

P	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.												
The	The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)												
1	1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).												
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)											
3		A hospital or	a cooperative hospital service	ce organization described in sec	ction 170(b)(1)(A)(i	ii).						
4		A medical res	search organization operated	d in conjunction with a hospital o	described	ın sectio	n 170(b)	(1)(A)(ii	ii). Ente	r the ho	spital's name) ,	
		city, and state											
5		An organizati	on operated for the benefit of	of a college or university owned	or operate	ed by a go	overnme	ntal unit	t descri	bed in			
	_	section 170(b)(1)(A)(iv). (Complete Part	II)									
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	X	An organizati	on that normally receives a	substantial part of its support fro	om a gove	rnmental	unit or f	rom the	genera	l public			
	_	-	section 170(b)(1)(A)(vi). (Co										
8				70(b)(1)(A)(vi). (Complete Part	II)								
9	П) more than 33 1/3 % of its sup		contributi	ons, me	mbersh	ıp fees,	and gro	oss		
				pt functions—subject to certain									
				nd unrelated business taxable in									
				0, 1975 See section 509(a)(2).									
10				exclusively to test for public safe									
11	П	An organizati	on organized and operated o	exclusively for the benefit of, to	perform th	ne functio	ns of, or	to carry	out the	•			
	_	purposes of o	one or more publicly support	ed organizations described in se	ection 509	9(a)(1) or	section	509(a)(2) See	section			
		509(a)(3). Ch	eck the box that describes to	he type of supporting organizati	on and co	mplete lır	nes 11e	through	11h				
		a Type	l b Type II	c Type III–Functiona	ally integra	ated	ď	Тур	e III-Ot	her			
е		By checking t	this box, I certify that the org	anization is not controlled direct	tly or indir	ectly by o	ne or m	ore disq	ualified				
		persons othe	r than foundation managers	and other than one or more pub	olicly supp	orted org	anızatıo	ns desc	rıbed ın	section	i		
		509(a)(1) or s	section 509(a)(2)										
f		If the organiz	ation received a written dete	rmination from the IRS that it is	a Type I,	Type II,	or Type	III suppo	orting				_
		organization,	check this box										
g		Since August	t 17, 2006, has the organizat	tion accepted any gift or contrib	ution from	any of th	ne						
		following per	rsons?										
		(i) A persor	n who directly or indirectly co	ontrols, either alone or together	with perso	ons descr	ıbed ın (II)				Yes	No
		and (III) I	below, the governing body o	f the supported organization?							11g(ı)		
		(ii) A family	member of a person describ	oed in (i) above?							11g(ıı)		
		(iii) A 35% c	ontrolled entity of a person of	described in (i) or (ii) above?							11g(ui)	
h		Provide the f	following information about t	he supported organization(s)									
(1)	Name	e of supported	(ii) EIN	(iii) Type of organization		organization		ou notify		s the	(vii) Am		
	org	anization		(described on lines 1–9		sted in your		nization in of your	organizat	on in col zed in the	sup	port	
				above or IRC section (see instructions))	governing	document?	, , ,	oort?		S ?			
					Yes	No	Yes	No	Yes	No			
					ļ				ļ				
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						<u> </u>							
					 	 	-	ļ — — -	-				
					<u> </u>								

Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you che	ecked the box	on line 5, 7, or i	<u> στ Ραπ Ι.)</u>			· · - · · -
	tion A. Public Support		4,000	(.) 0007	(N 0000	(-) 0000 T	(D.T.: 1
Cal	endar 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")		4,728	5,473	10,148	17,809	38,158
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		,				
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		4,728	5,473	10,148	17,809	38,158
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	,,					38,158
Sec	tion B. Total Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4		4,728	5,473	10,148	17,809	38,158
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	,	217	1,455	1,590	2,185	5,4 <u>47</u>
9	Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)				1,251	1,025	2,276 45,881
11	Total support. Add lines 7 through 10	(L	<u></u>	L	12	84,280
12	Gross receipts from related activities, etc			th as fifth townsor	as a section E01/e		64,200
13	First five years. If the Form 990 is for the		t, secona, tnira, tour	th, or milit tax year	as a section sort	J(3)	▶ X
	organization, check this box and stop her tion C. Computation of Public St	e Innort Percen	tane				
	Public support percentage for 2009 (line 6			<u>(f)</u>		14	%
14	Public support percentage for 2009 (line of 2009) Public support percentage from 2008 Sch			(1))		15	%
15 16a	33 1/3 % support test—2009. If the organ			3 and line 14 is 30	3 1/3 % or more c		
104	and stop here. The organization qualifies			0, 4114 1110 1 1 10 01	o 1, o 7, o 0, m.o.o, o		▶ 🗌
b	33 1/3 % support test—2008. If the organ			or 16a, and line 15	5 is 33 1/3 % or mo	ore, check this	
	box and stop here. The organization qual						▶ □
17a	10%-facts-and-circumstances test—200				, or 16b, and line 1	14 is 10% or	
	more, and if the organization meets the "fi						
	organization meets the "facts-and-circums						▶ [
b	10%-facts-and-circumstances test—200						
D	more, and if the organization meets the "f						
	organization meets the "facts-and-circums						▶ [
18	Private foundation. If the organization did						•
. 0	i ittate iouniumanon, n the organization die	2 Oncon a box					

38-3703565 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Add lines 7a and 7b Public support (Subtract line 7c from Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (c) 2007 (d) 2008 (e) 2009 (f) Total (a) 2005 (b) 2006 Amounts from line 6 Gross income from interest, dividends, 10a payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included 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) Total support. (Add lines 9, 10c, 11, and 12) 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 Section C. Computation of Public Support Percentage 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 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 Investment income percentage from 2008 Schedule A, Part III, line 17 18 18 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

33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009 GALESBURG	G ROTARY CLUB F	OUNDATION	38-3703565	Page 4
Part IV Supplemental Information. Comp	lete this part to provide	the explanations	required by Part II, line 10	
Part II, line 17a or 17b; and Part II	I, line 12. Provide any	other additional in	formation. See instructions	;
Part II, Line 10 - Other Inc	ome Detail			
YOUTH FUN W/E FEES	\$	2,048		
YOUTH GOVT DAY LUNCHES	\$	162		
MISCELLANEOUS	\$	66		

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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

Name of the organization Employer identification number GALESBURG ROTARY CLUB FOUNDATION 38-3703565 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations $oldsymbol{ol}}}}}}}}}}$ Solicitation of government grants Internet and email solicitations Special fundraising events Phone solicitations In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (ili) Did fund-(v) Amount paid to (i) Name of individual (IV) Gross receipts (vi) Amount paid to (II) Activity raiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of col (i) contributions' Yes No

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing Schedule G (Form 990 or 990-EZ) 2009

Page 2

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported Part II more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events TRAVELOGE EVENT None (add col (a) through (event type) (event type) col (c)) (total number) Revenue 22,365 Gross receipts 22,365 Less Charitable contributions Gross revenue (line 1 22,365 22,365 minus line 2) Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages Entertainment 12,007 12,007 Other direct expenses Direct expense summary Add lines 4 through 9 in column (d) Net income summary Combine line 3, column (d), and line 10 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (Add Revenue (a) Bingo (c) Other gaming col (a) through col (c)) bingo/progressive bingo 1 Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes % Yes % Yes % X X Volunteer labor No No No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Combine line 1, column d, and line 7 Yes No Enter the state(s) in which the organization operates gaming activities Is the organization licensed to operate gaming activities in each of these states? X 9a If "No," Explain X Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a If "Yes," Explain 11 Does the organization operate gaming activities with nonmembers? X 11 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity X formed to administer charitable gaming?

Sche	dule G (Form 990 or 990-EZ) 2009 GALESBURG ROTARY CLUB FOUNDATION 38-370356	<u> 55</u>	P	age 3
			Yes	No
13	Indicate the percentage of gaming activity operated in			
а	The organization's facility	-		
b	An outside facility %	-		
14	Provide the name and address of the person who prepares the organization's gaming/special events books			
	and records			
	Name QUENTIN BROWN			
	1055 TAMARIND DR.			
	Address ► GALESBURG IL 61401			
15a	Does the organization have a contract with a third party from whom the organization receives gaming			
	revenue?	15a		<u>X</u>
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the			
	amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address of the third party			
	Name ▶			
	Address ►			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶	,		
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			.,
	retain the state gaming license?	17a	-	X
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent			
	in the organization's own exempt activities during the tax year ▶ \$		1	L

16485 GALESBURG ROTARY CLUB FOUNDATION

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Statement 1 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	An	nount
COMMISIONS	\$	29
Total	\$	29

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

Description	Amount
Expenses	\$
DISTRICT YOUTH CONF.	200
YOUTH EXCHANGE	2,218
REGISDISTRICT YTH CONF.	225
REGISRYLA STUDENTS	400
EXCHANGE STUDENT ALLOWANC	787
HOST FAMILY LUNCH ALLOWAN	712
INBOUND EXCHG STUDENT FEE	1,500
EXCHANGE STUDENT REGS FEE	120
MEALS -INTER SCHOLASTIC	144
YOUTH FUN W/E EXPENSES	1,488
STUDENT GOVT DAY LUNCHES	323
SUPPLIES	126
FILING FEES	15
MISCELLANEOUS	29
Total	\$ 8,287

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

Description

TO USE FUNDS EXCLUSIVELY FOR EDUCATIONAL, CHARITABLE, SCIENTIFIC OR LITERARY PURPOSES;

Statement 4 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description

TO USE FUNDS EXCLUSIVELY FOR EDUCATION, CHARITABLE, SCIENTIFIC OR LITERACY PURPOSES; PROVIDE EDUCATIONAL ADVANTAGES, OPPORTUNITIES AND FACILITIES THRUOUGH GRANTS, LOANS OR SCHOLARSHIPS TO WORTHY OR NEEDY STUDENTS; MAKE PROVISIONS FOR EXCHANGE OF STUDENTS OF FOREIGN COUNTRIES AND THE UNITED STATES; TO ASSIST, ENCOURAGE AND PROMOTE OTHER EDUCATIONAL OR CHARITABLE PURPOSES; PROVIDE GRANTS TO OTHER ORGANIZED FOR AND OPERATED EXCLUSIVELY FOR EDUCATIONAL, CHARITABLE, SCIENTIFIC OR LITERARY PURPOSES.