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2009

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income TaxUnder 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.

A For the 2009 calendar year, or tax year beginning

08/01/2009, and ending

07/31/2010

B Check if applicable		C Name of organization		D Employer identification number	
<input checked="" type="checkbox"/> Address change	Please use IRS label or print or type. See Specific Instructions.	UNIVERSITY CLUB SCHOLARSHIP FUND 115-000002106013		36-6095017	
<input type="checkbox"/> Name change		Number and street (or P O box, if mail is not delivered to street address)		Room/suite	E Telephone number
<input type="checkbox"/> Initial return		111 WEST MONROE STREET TAX DIV 16W			(312) 461-7271
<input type="checkbox"/> Termination return		City or town, state or country, and ZIP + 4			F Group Exemption Number ►
<input type="checkbox"/> Amended return		CHICAGO, IL 60603			
<input type="checkbox"/> Application pending					

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ►

I Website: ►

J Tax-exempt status (check only one) - 501(c) (3) (insert no) 4947(a)(1) or 527H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ . ► \$ 133,341.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1	Contributions, gifts, grants, and similar amounts received	1	24,794.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	5,723.
5 a	Gross amount from sale of assets other than inventory	5a	102,824.
b	Less cost or other basis and sales expenses	5b	95,045.
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	7,779.
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>		
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b	Less: direct expenses other than fundraising expenses	6b	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
7 a	Gross sales of inventory, less returns and allowances	7a	
b	Less: cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe ►)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►	9	38,296.
10	Grants and similar amounts paid (attach schedule)	10	17,666.
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	3,578.
13	Professional fees and other payments to independent contractors	13	800.
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe ►)	16	49.
17	Total expenses. Add lines 10 through 16 ►	17	22,093.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	16,203.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	190,418.
20	Other changes in net assets or fund balances (attach explanation)	20	-10,117.
21	Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21	196,504.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	190,418.	22 196,504.
23 Land and buildings		23
24 Other assets (describe ►)		24
25 Total assets	190,418.	25 196,504.
26 Total liabilities (describe ►)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	190,418.	27 196,504.

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? STMT 7

Describe what was achieved in carrying out the organization's exempt purposes in a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 STMT 8

28a

29 _____

Digitized by srujanika@gmail.com

29a

30 _____

Page 10 of 10

30a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here

31a

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See [Part IV](#))

32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 9		- 0 -	- 0 -	- 0 -

Part V Other Information (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.	35a	X
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35b	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► [37a]	37b	X
b Did the organization file Form 1120-POL for this year?	38a	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38b	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	
39 Section 501(c)(7) organizations. Enter:	39b	
a Initiation fees and capital contributions included on line 9	40a	
b Gross receipts, included on line 9, for public use of club facilities	40b	X
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____	40c	
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40d	
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► _____	40e	X
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► _____		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		
41 List the states with which a copy of this return is filed. ► STMT 12		
42a The organization's books are in care of ► HARRIS BANK, N.A. Telephone no. ► (312) 461-7271 Located at ► 111 WEST MONROE STREET, CHICAGO, IL ZIP + 4 ► 60603	42b	X
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ► _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42c	X
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ► _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► [43]		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	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	Yes	No
46	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	46	X
47	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	47	X
48	Did the organization make any transfers to an exempt non-charitable related organization?	48	X
49a	b If "Yes," was the related organization a section 527 organization?	49a	X
49b	50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."	49b	

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
f Total number of other employees paid over \$100,000 ► NONE				

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
d Total number of other independent contractors receiving over \$100,000 ► NONE		

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
	► Signature of officer	Date	
	► Type or print name and title		
Paid Preparer's Use Only	Preparer's signature ► 	Date	Check if self-employed ► <input type="checkbox"/> Preparer's identifying number (See instructions) P 00162244
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► THOMSON REUTERS TAX & ACCOUNTING ONE NORTH DEARBORN ST., 5TH FLOOR,	EIN ►	Phone no ► 312-873-6900
May the IRS discuss this return with the preparer shown above? See instructions ► <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
CHICAGO, IL 60602			

Form 990-EZ (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public
Inspection

**Department of the Treasury
Internal Revenue Service**

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.

Name of the organization

Employer identification number

UNIVERSITY CLUB SCHOLARSHIP FUND

36-6095017

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).		
2	<input type="checkbox"/>	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)		
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).		
4	<input type="checkbox"/>	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____		
5	<input type="checkbox"/>	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)		
6	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).		
7	<input checked="" type="checkbox"/>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)		
8	<input type="checkbox"/>	A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)		
9	<input type="checkbox"/>	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)		
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).		
11	<input type="checkbox"/>	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.		
e	<input type="checkbox"/>	a <input type="checkbox"/> Type I	b <input type="checkbox"/> Type II	c <input type="checkbox"/> Type III - Functionally integrated
e	<input type="checkbox"/>	d <input type="checkbox"/> Type III - Other	By 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).	
f	If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box <input type="checkbox"/>			
g	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?			
g	(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? <input type="checkbox"/>			
g	(ii) A family member of a person described in (i) above? <input type="checkbox"/>			
g	(iii) A 35% controlled entity of a person described in (i) or (ii) above? <input type="checkbox"/>			
h	Provide the following information about the supported organization(s).			

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

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)
Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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.")	29,025.	27,462.	35,064.	22,595.	24,794.	138,940.
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	29,025.	27,462.	35,064.	22,595.	24,794.	138,940.
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.						138,940.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	29,025.	27,462.	35,064.	22,595.	24,794.	138,940.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,259.	7,054.	6,126.	5,960.	5,845.	28,244.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						167,184.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	83.11 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

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.)

N/A

Section A. Public Support

Calendar 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.")						
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 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
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						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 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 the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

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

FORM 990EZ, PART I - INVESTMENT INCOME

DESCRIPTION

DIVIDEND INCOME	5,723.
TOTAL	5,723.

STATEMENT 1

UNIVERSITY CLUB SCHOLARSHIP FUND
FORM 990EZ, PART I - GRANTS AND SIMILAR AMOUNTS PAID OVER \$5,000
=====

RECIPIENT NAME:

SEE ATTACHED

AMOUNT OF GRANT PAID 17,666.

TOTAL GRANTS PAID OVER \$5,000: 17,666.

=====

STATEMENT 2

FORM 990EZ, PART I - OTHER EXPENSES

FOREIGN TAXES	34.
FILING FEES	15.
 TOTAL	 49.

STATEMENT 3

FORM 990EZ, PART I - OTHER INCREASES IN FUND BALANCES

ROUNDING	5.
TOTAL	5.

STATEMENT 4

FORM 990EZ, PART I - OTHER DECREASES IN FUND BALANCES

REVERSAL OF PRIOR UNREALIZED CHANGE IN NET ASSETS	6,641.
CURRENT UNREALIZED CHANGE IN NET ASSETS	3,481.
 TOTAL	 10,122.

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
CASH	190,418.	196,504.
TOTALS	190,418.	196,504.

STATEMENT 6

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

=====

PROVIDE SCHOLARSHIPS FOR HIGHER EDUCATION

STATEMENT 7

UNIVERSITY CLUB SCHOLARSHIP FUND

36-6095017

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION

SCHOLARSHIP RECIPIENTS, AWARDS & CEREMONY

TOTAL

17,666.

GRANTS AND ALLOCATIONS

17,666.

CGL785 339H 01/03/2011 11:40:58

115-000002106013

STATEMENT 8

UNIVERSITY CLUB SCHOLARSHIP FUND

36-6095017

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

=====

OFFICER NAME:

KENT MALLQUIST

ADDRESS:

945 N. MAIN ST
ROCKFORD, IL 61103

TITLE:

PRESIDENT

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 2

OFFICER NAME:

DAVID DEBRULER

ADDRESS:

945 N. MAIN ST
ROCKFORD, IL 61103

TITLE:

VICE PRESIDENT

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 2

OFFICER NAME:

MICHAEL CARLSON

ADDRESS:

945 N. MAIN ST
ROCKFORD, IL 61103

TITLE:

SECRETARY

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 2

OFFICER NAME:

JEFF BROWN

ADDRESS:

945 N. MAIN ST
ROCKFORD, IL 61103

TITLE:

TREASURER

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 2

STATEMENT 9

UNIVERSITY CLUB SCHOLARSHIP FUND

36-6095017

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

=====

OFFICER NAME:

TARA BLAZER

ADDRESS:

945 N. MAIN ST
ROCKFORD, IL 61103

TITLE:

BOD

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 2

OFFICER NAME:

DON HANNA

ADDRESS:

945 N. MAIN ST
ROCKFORD, IL 61103

TITLE:

BOD

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 2

OFFICER NAME:

HELEN HILL

ADDRESS:

945 N. MAIN ST
ROCKFORD, IL 61103

TITLE:

BOD

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 2

OFFICER NAME:

JIM PIESCHEL

ADDRESS:

945 N. MAIN ST
ROCKFORD, IL 61103

TITLE:

BOD

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 2

STATEMENT 10

UNIVERSITY CLUB SCHOLARSHIP FUND

36-6095017

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

=====

OFFICER NAME:

PETE RUNQUIST

ADDRESS:

945 N. MAIN ST
ROCKFORD, IL 61103

TITLE:

BOD

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 2

OFFICER NAME:

STU WELLER

ADDRESS:

945 N. MAIN ST
ROCKFORD, IL 61103

TITLE:

BOD

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 2

STATEMENT 11

OTHER STATES WHERE FORM 990EZ IS FILED

=====

IL

STATEMENT 12

UNIVERSITY CLUB SCHOLARSHIP FUND

61-2106-01-3

Investment Review Settlement Date Positions

Frozen Date: 07/31/2010

Par / Shares Description		Price	Tax Cost	Market Value
	CUSIP Number	Price Date	Carrying Value	Accrual
Cash & Equivalents				
Cash				
INCOME CASH		0.000000	2,105.39 0.00	2,105.39 0.00000
PRINCIPAL CASH		0.000000	- 2,105.39 0.00	- 2,105.39 0.00000
Total Cash			0.00 0.00	0.00 0.00000
Cash Equivalents				
7,025.560 AMCORE LIQUID INVESTMENT ACCOUNT ABLIA0-00-2		1.000000 07/31/2010	7,025.56 7,025.56	7,025.56 5.41000
Total Cash Equivalents			7,025.56 7,025.56	7,025.56 5.41000
Total Cash & Equivalents			7,025.56 7,025.56	7,025.56 5.41000

UNIVERSITY CLUB SCHOLARSHIP FUND

61-2106-01-3

Investment Review Settlement Date Positions

Frozen Date: 07/31/2010

Par / Shares	Description	Price	Tax Cost	Market Value
	CUSIP Number	Price Date	Carrying Value	Accrual
Fixed Income				
Mutual Funds - Fixed				
2,077.999	FEDERATED TOTAL RETURN BOND FUND 31428Q-10-1	11.270000 07/31/2010	21,333.10 21,333.10	23,419.05 102.34000
5,281.164	PIMCO TOTAL RETURN FUND INSTL 693390-70-0	11.400000 07/31/2010	55,675.96 55,675.96	60,205.27 125.85000
616.107	PIMCO HIGH YIELD FUND - INSTL 693390-84-1	9.100000 07/31/2010	5,407.91 5,407.91	5,606.57 32.13000
426.423	TEMPLETON GLOBAL BOND FUND 880208-40-0	13.240000 07/31/2010	5,359.41 5,359.41	5,645.84 0.00000
1,042.277	VANGUARD SHORT TERM BOND IDX SIGNAL 921937-85-0	10.660000 07/31/2010	10,813.09 10,813.09	11,110.67 18.84000
539.773	VANGUARD INFLATION PROTECTED SECIS IS 922031-74-5	10.370000 07/31/2010	5,284.74 5,284.74	5,597.45 0.00000
Total Mutual Funds - Fixed			103,874.21 103,874.21	111,584.85 279.16000
Total Fixed Income			103,874.21 103,874.21	111,584.85 279.16000

UNIVERSITY CLUB SCHOLARSHIP FUND

61-2106-01-3

Investment Review Settlement Date Positions

Frozen Date: 07/31/2010

<u>Par / Shares Description</u>	<u>CUSIP Number</u>	<u>Price Price Date</u>	<u>Tax Cost Carrying Value</u>	<u>Market Value Accrual</u>
Equities				
Mutual Funds - Equity				
275.661	ASTON/OPTIMUM MID CAP FUND CLASS N 00078H-31-5	26.710000 07/31/2010	5,229.04 5,229.04	7,362.91 0.00000
188.151	DODGE & COX INTERNATIONAL STOCK FUND 256206-10-3	31.460000 07/31/2010	5,495.88 5,495.88	5,919.23 0.00000
649.978	EATON VANCE LARGE CAP VALUE A 277905-80-8	16.310000 07/31/2010	9,369.78 9,369.78	10,601.14 0.00000
83.166	EATON VANCE TAX-MANAGED EMERGING MARKETS FUND 277907-60-6	44.460000 07/31/2010	3,058.82 3,058.82	3,697.56 0.00000
2,621.394	FEDERATED STRATEGIC VALUE FUND INSTL 314172-56-0	4.040000 07/31/2010	9,988.25 9,988.25	10,590.43 0.00000
221.425	FIDELITY DIVERSIFIED INTERNATIONAL 315910-80-2	26.590000 07/31/2010	5,361.00 5,361.00	5,887.69 0.00000
334.718	HARBOR CAPITAL APPRECIATION FD INSTL 411511-50-4	31.270000 07/31/2010	8,118.93 8,118.93	10,466.63 0.00000
310.258	PERKINS SMALL CAP VALUE FUND INS SHS 471023-56-4	22.220000 07/31/2010	5,718.58 5,718.58	6,893.93 0.00000
368.529	PERKINS MID CAP VALUE FUND INV SHS 471023-59-8	19.900000 07/31/2010	6,483.01 6,483.01	7,333.73 0.00000
939.954	T ROWE PRICE CAPITAL OPPORTUNITIES 77954P-10-8	12.670000 07/31/2010	10,906.95 10,906.95	11,909.22 0.00000
575.795	ROYCE VALUE FUND INSTL 780905-35-2	10.180000 07/31/2010	4,959.77 4,959.77	5,861.59 0.00000
199.778	TEMPLETON INST FOREIGN SMALL CO FUND 880210-87-7	15.190000 07/31/2010	2,816.88 2,816.88	3,034.63 0.00000
157.676	VANGUARD REIT INDEX SIGNAL 921908-83-6	19.270000 07/31/2010	2,089.67 2,089.67	3,038.42 0.00000
73.773	VANGUARD 500 INDEX SIGNAL 922908-49-6	83.890000 07/31/2010	6,007.31 6,007.31	6,188.82 0.00000
Total Mutual Funds - Equity			85,603.87 85,603.87	98,785.93 0.00000
Total Equities			85,603.87 85,603.87	98,785.93 0.00000
Total Settlement Date Position			196,503.64 196,503.64	217,396.34 284,570.00

Application for Extension of Time To File an
Exempt Organization Return

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box ►
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ►

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization UNIVERSITY CLUB SCHOLARSHIP FUND THS-000002106013	Employer identification number 36-6095017
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P O box, see instructions. 111 WEST MONROE STREET TAX DIV 16W	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICAGO, IL 60603	

Check type of return to be filed (file a separate application for each return):

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► HARRIS BANK, N.A.

Telephone No. ► (312) 461-7271 FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box . ► . If it is for part of the group, check this box . . ► and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 03/15/2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year _____ or
► tax year beginning 08/01/2009, and ending 07/31/2010 .

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)