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Form **990-EZ**

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, organizations that operate one or more hospital facilities, and certain

OMB No 1545-1150

Department of the Treasury Internal Revenue Service Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file. Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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.

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normally not more than \$50,000 A Form 990-E2 or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return Add lines \$b, 6c, and 7b, to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assests (Part II, line 25, column (8) below) are \$50,000 or more, file from 990 instead of Form 990: \$ 23, 812. Part III assess (Part II, line 25, column (8) below) are \$50,000 or more, file from 990 instead of Form 990: \$ 23, 812. Part III assess (Part III) assess (Part IIII) assess (Part IIII) assess (Part IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	J	Tax-ex	empt status (check only one) $ \times$ 501(c)(3) \longrightarrow 501(c) () \blacktriangleleft (insert no.) \longrightarrow 4947(a)(1) or	527 990, 9	990-E∠, or 9	90-PF)
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L Add lines 5b, 6c, and 7b, 1o line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (8) below) are \$500,000 or more, file form 990 instead of Form 990. E2					e-postcard)	may be required (see
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Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5 Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (less) from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (less) from sale of assets other than inventory globing and for other basis and sales expenses c Gain or (less) from gaming (attach Schedule G if greater than \$15,000) d Gross income from fundrasing events a Gross income from fundrasing events (not including \$ from fundrasing event	L	Add asset	ines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$20 s (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of	0,000 or more, or of Form 990-EZ		23,812.
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9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) Other changes in net assets or fund balances (explain in Schedule O) 20 Net assets or fund balances at end of year Combine lines 18 through 20 10, 325. Schedule O 2014 06, 050. 07 13 13 13. 13. 14 15 15 16 780. 17 6, 843. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 3, 482. 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20		1	· · · · · · · · · · · · · · · · · · ·	DECEME		
Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) Net assets or fund balances at end of year Combine lines 18 through 20 Net assets or fund balances at end of year Combine lines 18 through 20 Net assets or fund balances at end of year Combine lines 18 through 20 Net assets or fund balances at end of year Combine lines 18 through 20 Net assets or fund balances at end of year Combine lines 18 through 20 Net assets or fund balances at end of year Combine lines 18 through 20 Net assets or fund balances at end of year Combine lines 18 through 20 See Schedule 0 OGDEN, UT 13 13 13. 14 15 16 780. 780. 780. 17 6,843. 18 3,482.		Į.		RECEIVE		
11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 15		<u>-</u>	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	Schedule O		
Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 40,442.		1	Grants and similar amounts paid (list in Schedule O)	20 6 2 1000	14	6,050.
Professional fees and other payments to independent contractors. 13 Professional fees and other payments to independent contractors. 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 Other changes in net assets or fund balances (explain in Schedule O) 20 Net assets or fund balances at end of year Combine lines 18 through 20 21 40,442.	F	1				
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 40,442.	X	į .		OCDEN		
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 40,442.	Ē		Occupancy rent utilities and maintenance	OGUEN,	U ! [3]	13.
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 40,442.	Ş	i				
Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 Other changes in net assets or fund balances (explain in Schedule O) 20 Vet assets or fund balances at end of year Combine lines 18 through 20 21 40,442.	Š	i i		Schedule O		
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 3,482. 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 40,442.			The opening (account in concession)	30044.20	1	
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21 Net assets or fund balances at end of year Combine lines 18 through 20 > 21 40,442.	Ą				********	3,482.
21 Net assets or fund balances at end of year Combine lines 18 through 20 > 21 40,442.	E E	19	figure reported on prior year's return) figure reported on prior year's return)		26 060	
21 Net assets or fund balances at end of year Combine lines 18 through 20 > 21 40,442.	ŢŢ	20	The state of the s			30,960.
10,112.	3		- , , , , , , , , , , , , , , , , , , ,			40 440
	BA					

	TOTAL (2012) THE SGI. THOMAS	M. GILDERI MEMORI	LAL FOUN		<u>-265</u>	31430 Page 2
rel	Balance Sheets. (see the Ins Check if the organization used Sche	structions for Part II.)	ection in this Part II			П
	Oncor if the organization used bene	cause o to respond to any qu) Beginning of year	ar	(B) End of year
22	Cash, savings, and investments		<u> </u>	36,960		40,442.
23	Land and buildings .				23	19/1101
24	Other assets (describe in Schedule O)				24	
25	Total assets			36,960	. 25	40,442.
26	Total liabilities (describe in Schedule O)			0	. 26	0.
27	Net assets or fund balances (line 27 of			36,960	. 27	40,442.
Pa	Statement of Program Service Ac	complishments (see the inst	trs for Part III.)	r⊽i	Д	Expenses
What	Check if the organization used Sc is the organization's primary exempt purpose? See		question in this Part III	<u>[X]</u>	(c)(3)	uired for section 501 and 501(c)(4)
Desc	ribe the organization's program service a	ccomplishments for each of	its three largest program	n services, as	organ	nizations and section (a)(1) trusts; optional
mea	cribe the organization's program service a sured by expenses. In a clear and concise fitted, and other relevant information for e	e mariner, describe the servi	ces provided, the numb	er of persons		hers)
28	med, and other relevant information for the	sacri program title				
	(Grants \$) If th	is amount includes foreign g	rants, check here		28 a	
29						
				 1		
	(Grants \$) If th	is amount includes foreign g	rants, check here	-	29 a	
30			-	_ 	1	
				-		
	76-67					
-	(Grants \$) If the Other program services (describe in Sch	is amount includes foreign g	rants, check here		30 a	
31		iedule O) is amount includes foreign g	ranta abook hara	- □	31 a	
32	Total program service expenses (add lii		rants, check here		32	
			alayeas tutaahan a			
HEAL	List of Officers, Directors, Check if the organization used Sc	hedule O to respond to any	guestion in this Part IV	en ir not compensated.	(see m	e instructions for Part IV.)
		(b) Average hours per	(c) Reportable compensation	(d) Health benefits	5,	
	(a) Name and Title	week devoted to	(Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to emplo benefit plans, and defe		(e) Estimated amount of other compensation
	DI DI DI UINI	position	(1710) para, enter 67	compensation		
	ADLEY PELHANK	,			_	0
	airman AM FIERLE		0.		0.	0.
	CRETARY	2.5	0.		0.	0.
	BERT WHITE	2.3	0.			
	EASURER	3	0.		0.	0.
	THONY DESTEFANO					
DIF	RECTOR	2.5	0.		0.	0.
	NIEL LYDIGSEN					
	RECTOR	3	0.		0.	0.
	LYN COOPER]		İ	
	RECTOR	3	0.		0.	0.
	Œ CLIFFORD					•
DIF	RECTOR	3	0.		0.	0.
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]	
			i contract of the contract of			
					ŀ	
BAA		TEEA0812L (Form 990-EZ (2012)

	26-269143			age 3
l-a	Other Information (Note the Schedule A and personal benefit contract statement requirements in See Schedule Instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	ule ———		X
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule Q	33	Yes	No X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35 a		X
b	of Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		
	: Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		Х
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_		Х
	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0. Did the organization file Form 1120-POL for this year?	37 b		X
38 a	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 tax year covered by this return?	38 a		X
t	If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A	7 7		- k.t.;
			11.57	
-	Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities N/A	27.00 200		
	Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	<u>ن</u> ور		di.
40 8	section 4911 > 0., section 4912 > 0., section 4955 > 0.			7-9-7
ŧ	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	× .	25	
	transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		Х
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			
C	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
•	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
41	List the states with which a copy of this return is filed None			
	The organization's books are in care of PROBERT WHITE Located at 3349 BREWER ROAD DARIEN IL 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	85-5 42b	179 Yes	No X
(See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 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.	42 c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year .		► []	N/A N/A No
	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a		X
	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b		X
	Did the organization receive any payments for indoor tanning services during the year?	44 c		Х
	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44 d		
	a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45 a	726.0	X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45 b		X

Porm 990-	EZ (2012) THE SGT. THOMAS M.	GILBERT MEMOR	CIAL FOUN	26-269	31430	F	age 4
46 D.J.	h					Yes	No
46 Did t	he organization engage, directly or indire lidates for public office? If 'Yes,' complet	ectly, in political camp. e Schedule C. Part I	aign activities on behalf of	of or in opposition to	46		Х
	Section 501(c)(3) organization					<u></u> _	<u> </u>
	All section 501(c)(3) organizate for lines 50 and 51.		questions 47-49b an	d 52, and complete	the table	S	
	Check if the organization used Schedu	le O to respond to an	y question in this Part VI				
						Yes	No
	he organization engage in lobbying activities plete Schedule C, Part II	or have a section 501(h) election in effect during	the tax year? If 'Yes,'	47		Х
-	e organization a school as described in s	ection 170(b)(1)(A)(ii)	7 If 'Yes,' complete Sche	dule E	48		X
49 a Did t	he organization make any transfers to ar	exempt non-charitab	le related organization?		49 a		Х
	es,' was the related organization a sectio	_			49 b		
	plete this table for the organization's five hig oyees) who each received more than \$100,0				ey		
empi	oyees) who each received more than \$100,0	T Compensation no	in the organization in there	1			
	(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated other com		
None							
]					
_							
		<u>-</u>					
					<u></u>		
	number of other employees paid over \$ plete this table for the organization's five high		nondont controctors who or	- nah rasawad mara than C	100 000 of		
com	persection from the organization. If there	is none, enter 'None '	pendent contractors who ea	ach received more than \$	100,000 01		
(a) !	Name and address of each independent contractor paid	more than \$100,000	(b) Type	of service	(c) Comp	ensatio	n
None							
			_				
_			-				
			-				
							
	number of other independent contractor	•	•	•			
	he organization complete Schedule A? National Na)(3) organizations and 49	47(a)(1) nonexempt	► X Yes	Γ	No
	es of perjury, I declare that I have examined this return and complete. Declaration of preparer tother than office		nedules and statements, and to the	e best of my knowledge and be			
true, correct, a	and complete. Declaration of preparer (other than effe	er) is based on all information	of which preparer has any know	ledge //3//			
Sign	Signature of officer			Date			
Here	BRADLEY PELHANK Type or print name and title			CHAIRMAN, DIRE	CTOR	<u>.</u>	
	Print/Type preparer's name	Preparer's signature	Date		TIN		
		1 (MM UDS / CULI)	<u> </u>	Check Lit			
Paid	CHARLES E. OLSON Firm's name ► OLSON, LUCZAK &		SON 16-12-	/ self-employed P	0047702	4	
Preparer Use Only	Firm's address > 477 E BUTTERFIE			Firm's EIN	30-0595	969	
	LOMBARD, IL 601			Phone no (63			
May the IF	RS discuss this return with the preparer s		tructions		► X Yes		No
_			-		Form 99 (
						(/

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.

2012

OMB No 1545-0047

Department of the Treasury Internal Revenue Service .

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

4.	
ection	हारिएस की स्टब्र्ल जिस्से की सहत्त्व
Employer iden	afication number

Name	of the	organization THE	GT. THOMAS M.	GILBERT MEMORI	AL FO	UN			Employe	r (dentifica	tion number
		DATIO								69143	
Par				s (All organizations					See I	nstruct	ions.
	rga			ise it is. (For lines 1 thro			•	•			
1	\vdash			ociation of churches des		section	n 170(b)	(TXAXI)	•		
2	\vdash			A)(ii). (Attach Schedule E		-4: 3 7	0/5\~1\/	A Section			
3	-		•	ice organization describe				• • •	04->4->4		-A 4b b
4	L		-	d in conjunction with a h	iospitai (describe	a in sec	ction 17	U(D)(I)(A)	A)(III). EI	nter the nospital's
_	_	name, city, and sta									
5		170(b)(1)(A)(iv). (C	omplete Part II)	a college or university own	·				i unit des	scribeo ir	Section
6	L			governmental unit descri							
7		An organization that in section 170(b)(1)	normally receives a su (A)(vi). (Complete Pa	bstantial part of its suppor art II)	t from a	governm	iental un	it or from	n the ger	ieral pub	lic described
8	Ц			170(b)(1)(A)(vi). (Comple		-					
9	X	' related to its exempt	functions — subject to able income (less section t	ore than 33-1/3% of its sup certain exceptions, and (2 511 tax) from businesses acq	?) no mor	e than 3	3-1/3% c	of its sup	port fron	n gross II	nvestment income and
10		An organization org	janized and operated	exclusively to test for po	ublic saf	ety. See	section	n 509(a)	(4).		
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3) . Check the box that describes the type of supporting organization and complete lines 11e through 11h										
		<u> </u>		c Type III - Function	nally inte	egrated		d 🗍 .	Type III	– Non-f	unctionally integrated
е		other than foundation	n managers and other t	ganization is not control han one or more publicly s	supported	dorganiz	ations d	escribed	in section	on 509(a))(1) or
f		If the organization re check this box	ceived a written determ	nination from the IRS that	ıs a Type	i, Type	li or Typ	e III sup	porting o	organizat	ion,
g		Since August 17, 2	006, has the organiza	tion accepted any gift o	or contrib	oution fr	от апу	of the f	ollowing	persons	57
											Yes No
		(i) A person who below, the go	directly or indirectly verning body of the si	controls, either alone or upported organization?	togethe	r with pe	ersons d	lescribe	מ וח (וו)	and (III)	11 g (i)
		(ii) A family mem	iber of a person desci	ribed in (i) above?							11 g (ii)
		(iii) A 35% contro	lled entity of a persor	described in (i) or (ii) a	bove?						11 g (iii)
h		Provide the following	ng information about t	he supported organization	on(s)						
		(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (your go	s the ration in library in librar	(v) Did you the organ column (supp	ization in	organiz colur organize	s the ation in in (i) ed in the 5 ?	(vii) Amount of monetary support
					Yes	No	Yes	No	Yes	No	
44.											
(A)			<u> </u>				ļ				
(B)											
• •	_		1								
(C)					<u> </u>						
(D)											
(D)		· · · · · · · · · · · · · · · · · · ·		 	+						
<u>(E)</u>											
Total	_								er Selektro (i) Se		

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

Schedule A (Form 990 or 990-EZ) 2012

Page 2

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 or if the organization failed to qualify under Part III I if the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year nning in) >	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants')							
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							
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	\$ 1 min 1 mi						
Sec	tion B. Total Support							
	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		į	:				
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							
12	Gross receipts from related activ	vities, etc (see ins	tructions)			12		
	First five years. If the Form 990 is organization, check this box and	stop here		ird, fourth, or fifth t	ax year as a section	on 501(c)(3)	▶ 🗍	
	tion C. Computation of Pu							
	Public support percentage for 20	•	• •	ne 11, column (f)).		14	%	
	Public support percentage from					15	%%	
16	a 33-1/3% support test — 2012. If and stop here. The organization	the organization of qualifies as a pub	did not check the olicly supported o	box on line 13, ai rganization	nd the line 14 is 3	33-1/3% or more,	check this box	
ł	b 33-1/3% support test — 2011. 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 — □							
17 a	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance:	s' test, check this	box and stop her	re. Éxplain in Parl	IV how	
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance: test The organiza	s' test, check this ation qualifies as a	box and stop he: a publicly support	r e. Explain in Part ed organization	t IV how the	
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a,	, or 17b, check th	is box and see in	structions -	
RΔΔ	·		-			andula A (Farm Of	200 577 0010	

Page 3

Partill Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under	Part II. If the organization fails
(complete only if you discond the box on line your art of it the organization lands to quality under	i art ii ii tiic organization lans
to qualify under the tests listed below, please complete Part II.)	

Sec	ion A. Public Support						
	lar year (or fiscal yr beginning in) >	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions and membership fees						
	received. (Do not include		5 043				E 041
2	any 'unusual grants ') Gross receipts from admis-		5,041.				5,041.
	sions, merchandise sold or						
	services performed, or facilities						
	furnished in any activity that is related to the organization's						
	tax-exempt purpose						0.
3	Gross receipts from activities that are not an unrelated trade						
	or business under section 513						0.
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on						
	its behalf						0.
5	The value of services or						
	facilities furnished by a governmental unit to the						
	organization without charge						<u> </u>
	Total. Add lines 1 through 5	0.	5,041.	0.	0.	0.	5,041.
7 a	Amounts included on lines 1, 2, and 3 received from						_ _
	disqualified persons	o.)	o.)	0.	0.	0.	0.
b	Amounts included on lines 2	3.					
	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	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support (Subtract line 7c from line 6.)			4			5,041.
Sec	tion B. Total Support		***************************************		127 47 47 47 47 47 47 47 47 47 47 47 47 47		
	lar year (or fiscal yr beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6	0.	5,041.	0.	0.	0.	5,041.
10 a	Gross income from interest,						
	dividends, payments received on securities loans, rents,						
	royalties and income from		į	i			
	similar sources		42.				42.
D	Unrelated business taxable income (less section 511						
	taxes) from businesses						
_	acquired after June 30, 1975						0.
11	Add lines 10a and 10b Net income from unrelated business	0.	42.	0.	0.	0.	42.
• •	activities not included in line 10b,	ļ					
	whether or not the business is						•
12	regularly carried on Other income Do not include						0.
	gain or loss from the sale of						
	čapital assets (Explain in Part IV)		l				0.
13	Total support. (Add Ins 9, 10c, 11, and 12)	0.	5,083.	0.	0.	0.	5,083.
14	First five years. If the Form 990 organization, check this box and	is for the organiza					
							<u> </u>
	tion C. Computation of Pu Public support percentage for 20			no 12 column (6)			
		• •	• • •	ie 13, column (1)).		15	<u>%</u>
	Public support percentage from					16	8
	tion D. Computation of Inv				(0)		<u> </u>
17	Investment income percentage f			-	mn (t))	17	8
18	Investment income percentage t		•			18	8
ıya	33-1/3% support tests — 2012. Is not more than 33-1/3%, check	r trie organization t this box and sto i	aid not check the nere. The organ	box on line 14, a	and line 15 is more	e than 33-1/3%, an orted organization	d line 17 ► □
h	33-1/3% support tests — 2011. If	the organization	did not check a h	ox on line 14 or li	ine 19a and line	16 is more than 33	.1/3% and
_	33-1/3% support tests $-$ 2011. If line 18 is not more than 33-1/3%	6, check this box a	and stop here. The	e organization qu	alifies as a public	ly supported organi	zation -
20	Private foundation. If the organi	zation did not che	ck a box on line 1	14, 19a, or 19b, c	heck this box and	see instructions	► □
DAA							

RETROACTIVE REINSTATEMENT

Schedule A	(Form 990 or 990-EZ) 2012 THE	SGT.	THOMAS M.	GILBERT	MEMORIAL FO	UN 26-2691430	Page 4
PartiV	Supplemental I Part II, line 17a (See instruction	Information. or 17b: and	Complet Part III,	e this part to line 12. Also	provide to complete	he explanations this part for an	s required by Part y additional inform	I, line 10; ation.
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

2U

Openito Publice

OMB No 1545-0047

Department of the Treasury* Internal Revenue Service 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.

DATION	MAS M. GIL	BERT M	EMORIA	L FOUN		26-269143	
	olete if the orga	nization a	nswered '	Yes' to Form 990. Part			
Fundraising Activities. Comp							·····
1 Indicate whether the organization	raised funds thi	rough any	of the foll	owing activities Check	all that a	apply	
a Mail solicitations			е	Solicitation of non-	governm	ent grants	
b Internet and email solicitations	S		f	Solicitation of gove	rnment o	grants	
c Phone solicitations			g	Special fundraising	events		
d In-person solicitations			•				
2 a Did the organization have a written of	r oral agreement	t with any i	ndıvidual (ı	ncluding officers, director	rs trustee	es or kev	
employees listed in Form 990, Pai	rt VII) or entity	in connect	ion with p	rofessional fundraising	services	?	∐Yes ∐No
b If 'Yes,' list the ten highest paid individual compensated at least \$5,000 by the	viduals or entities ne organization	s (fundraise	ers) pursua	nt to agreements under v	vhich the	fundraiser is to	be
(i) Name and address of individual	(ii) Activity	(ni) Did	fundraiser	(iv) Gross receipts	(v) Am	ount paid to	(vi) Amount paid to
or entity (fundraiser)		have custor of contr	dy or control ibutions?	from activity	fundra	etained by) iser listed in blumn (i)	(or retained by) organization
		Yes	No	· · · · · · · · · · · · · · · · · · ·			
1							
1			İ				
2							
3							
4							
5							
6							
7							
8							
9							
10							
	 	 					
Total			•				
List all states in which the organizati or licensing	on is registered i	or licensed	to solicit c	ontributions or has been	notified it	is exempt from	registration
		- -					
					-		
						- -	
		-			-		
		- - -				- -	
					- -		
		- -					
					- -		
					- -		

RETROACTIVE REINSTATEMENT

Schedule G (Form 990 or 990-EZ) 2012

Schedule G (Form 990 or 990-EZ) 2012 THE SGT. THOMAS M. GILBERT MEMORIAL FOUN 26-2691430 Partill Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (d) Total events (a) Event #1 (b) Event #2 (c) Other events (add column (a) None through column (c)) (event type) (total number) (event type) 1 Gross receipts 18,654 18,654. 2 Less: Charitable contributions 3 Gross income (line 1 minus line 2) 18,654 18,654. 4 Cash prizes 5 Noncash prizes Rent/facility costs Food and beverages 8 Entertainment Other direct expenses 13,487. 13,487 10 Direct expense summary. Add lines 4 through 9 in column (d) 13,487. Net income summary Combine line 3, column (d), and line 10 5,167. Partill Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/Instant (d) Total gaming (c) Other gaming (a) Bingo bingo/progressive bingo (add column (a) through column (c)) Gross revenue 2 Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Yes Yes Yes Volunteer labor No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Combine lines 1, column (d) and line 7 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? Yes No b If 'No,' explain 10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes b If 'Yes,' explain

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RETROACTIVE REINSTATEMENT

Scrie	ddie G (Form 990 of 990-EZ) 2012 THE SGT. THOMAS M. GILBERT MEMORIAL FOUN	<u> 26-2691430</u>	Page 3
11	Does the organization operate gaming activities with nonmembers?	Y	es No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	, 	es No
13	Indicate the percentage of gaming activity operated in:		
	The organization's facility	13a	8
	An outside facility .	13b	8
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	ds	
	Name •		
	Address -		
	Does the organization have a contact with a third party from whom the organization receives gaming reven		Yes No
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 ►		ľ
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?	П	Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	n the	_
	organization's own exempt activities during the tax year > \$		
Par	Supplemental Information. Complete this part to provide the explanations require columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applethis part to provide any additional information (see instructions).	ed by Part I, II Icable. Also c	ne 2b, omplete
		 _	
BAA	TEEA3703L 01/07/13 Schedule	e G (Form 990 or	990-EZ) 2012

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 2012

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

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Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

THE SGT. THOMAS M. GILBERT MEMORIAL FOUN DATION	Employer identification number 26-2691430
Form 990-EZ, Part III - Organization's Primary Exempt Purpose	
To Promote youth appreciation and education of nature and the outdoors including,	
but not limited to, promotion of outdoor sporting activities, nature and	
environmental appreciation, and ecology.	
To promote and sponsor outdoor athletic activities, scientific and educational	
environmental studies, and agricultural and horticultural endeavors, all of which	
are geared toward youth, without regard to race, religion, sex and national or	
ethnic origin.	
To provide for and carry on such other activites in connection	therewith as may be
necessary and appropriate for such purposes, and to provide for and carry on such	
other charitable work in connection therewith as my be consisted	ent with the general
purposes of the Corporation.	
Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts	
(a) Did the organization, during the year, receive any funds,	directly or
indirectly, to pay premiums on a personal benefit contract?	No
(b) Did the organization, during the year, pay premiums, direc	etly or
indirectly, on a personal benefit contract?	No

2012 **Schedule O - Supplemental Information** Page 2 THE SGT. THOMAS M. GILBERT MEMORIAL FOUN Client 410 **DATION** 26-2691430 6/11/14 11.41AM Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid In Excess of \$5,000 Donee's Name: YMCA - CAMP EDWARDS Donee's Address: N8901 ARMY LAKE ROAD EAST TROY, WI 53120 Cash Amount Given: \$ 6,000. Form 990-EZ, Part I, Line 16 Other Expenses BANK CHARGES 9. 700. Insurance 7<u>1.</u> P O BOX Total \$ 780.

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