

Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short 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 \$1,000,000 and total assets less than \$2,500,000 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.

OMB No. 1545-1150

2008**Open to Public
Inspection**

A For the 2008 calendar year, or tax year beginning January 1 , 2008, and ending December 31 , 20 08														
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input checked="" type="checkbox"/> Application pending	<table border="1" style="width:100%"><tr><td rowspan="4" style="width:100px; vertical-align:top">Please use IRS label or print or type. See Specific Instructions.</td><td colspan="2">C Name of organization Great Vest Side Club of Chicago</td><td>D Employer identification number 30 0266773</td></tr><tr><td colspan="2">Number and street (or P.O. box, if mail is not delivered to street address) Room/suite</td><td>E Telephone number (773) 486-1784</td></tr><tr><td colspan="2">1511 North Milwaukee Avenue</td><td>F Group Exemption Number . . . ► N/A</td></tr><tr><td colspan="2">City or town, state or country, and ZIP + 4 Chicago, Illinois 60622</td><td></td></tr></table>	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Great Vest Side Club of Chicago		D Employer identification number 30 0266773	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		E Telephone number (773) 486-1784	1511 North Milwaukee Avenue		F Group Exemption Number . . . ► N/A	City or town, state or country, and ZIP + 4 Chicago, Illinois 60622		
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• 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: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►												

I Website: ► <u>www.greatvestside.org</u>	H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
J Organization type (check only one) — <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A 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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$ 64,426	

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	39,879
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	5b Less: cost or other basis and sales expenses	5b	
	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	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 \$ <u>39,879</u> of contributions reported on line 1)	6a	24,547
	b Less: direct expenses other than fundraising expenses	6b	24,547
6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
Expenses	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	7c 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	39,879
	10 Grants and similar amounts paid (attach schedule)	10	31,000
	11 Benefits paid to or for members	11	
Net Assets	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	1,087
	16 Other expenses (describe ► <u>Taxes, etc 1,315; Website 707</u>)	16	2,022
	17 Total expenses. Add lines 10 through 16	17	34,109
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,770
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	897	
20 Other changes in net assets or fund balances (attach explanation)	20		
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	6,667	

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.																						
(See the instructions for Part II.)																						
	<table border="1" style="width:100%"><tr><th></th><th>(A) Beginning of year</th><th>(B) End of year</th></tr><tr><td>22 Cash, savings, and investments</td><td style="text-align:right">897</td><td>22 style="text-align:right">6,667</td></tr><tr><td>23 Land and buildings</td><td></td><td>23</td></tr><tr><td>24 Other assets (describe ►)</td><td></td><td>24</td></tr><tr><td>25 Total assets</td><td style="text-align:right">897</td><td>25 style="text-align:right">6,667</td></tr><tr><td>26 Total liabilities (describe ►)</td><td></td><td>26</td></tr><tr><td>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</td><td style="text-align:right">897</td><td>27 style="text-align:right">6,667</td></tr></table>		(A) Beginning of year	(B) End of year	22 Cash, savings, and investments	897	22 style="text-align:right"> 6,667	23 Land and buildings		23	24 Other assets (describe ►)		24	25 Total assets	897	25 style="text-align:right"> 6,667	26 Total liabilities (describe ►)		26	27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	897	27 style="text-align:right"> 6,667
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Part V Other Information (Note the statement requirements in the instructions for Part VI.)

	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		✓
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		✓
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 your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		✓
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b Did the organization file Form 1120-POL for this year?		✓
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 unpaid at the start of the period covered by this return?		✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>None</u> ; section 4912 ▶ <u>None</u> ; section 4955 ▶ <u>None</u>		
b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		✓
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d 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. ▶ <u>Illinois</u>		
42a The books are in care of ▶ <u>Jerome H. Lipman, Treasurer</u> Telephone no. ▶ <u>(312) 341-0100</u>		
Located at ▶ <u>125 South Wacker Drive Chicago, Illinois</u> ZIP + 4 ▶ <u>60606-4477</u>		
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)?	Yes	No
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 .		
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		✓
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		✓

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46–49 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 opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48** Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a** Did the organization make any transfers to an exempt non-charitable related organization?
- b** If "Yes," was the related organization(s) a section 527 organization?
- 50** Complete this table for the 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."

	Yes	No
46		✓
47		✓
48		✓
49a		✓
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
No compensation paid-all volunteers				
Total number of other employees paid over \$100,000 ▶		None		

- 51** Complete this table for the 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		
Total number of other independent contractors each receiving over \$100,000 . . . ▶		

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.

Sign Here

Signature of officer: **Jerome H. Lipman, Treasurer** Date: _____

Type or print name and title.

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed: ☒

Firm's name (or yours if self-employed), address, and ZIP + 4: **Jack J. Esses**
440 South LaSalle St. Suite 2950 Chicago, IL 60605

Preparer's Identifying Number (See instructions): **P00472157**

EIN: _____ Phone no.: (312) 663-6127

May the IRS discuss this return with the preparer shown above? See instructions ☒ **Yes** ☐ **No**

Great Vest Side Club of Chicago
Ein:30-0266773
Attachment to Form 990-EZ

PART I-Line 10 Grants and Similar Amounts Paid
And
Part III-Lines 28 to 31 Statement of Program Service Accomplishments

Line No	Charitable contributions or gifts have been made to the following 501[c][3] organizations:	Current tax year
28-31	ARMDI (American Friends of Magen David Adom) One East Wacker Drive Suite 2224 Chicago, Illinois 60601	27,000
28-31	Friends of the Israel Defense Forces 29 East Madison Street Chicago, Illinois 60602	4,000
10 & 32	Total	<u>31,000</u>

Attachment to Form 990-EZ
PART I-Line 10 Grants and Similar Amounts Paid
And
Part III-Lines 28 to 31 Statement of Program Service Accomplishments

Great Vest Side Club of Chicago
Ein:30-0266773
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PART III Statement of Program Service Accomplishments

Membership in the Great Vest Side Club of Chicago ("GVS") is limited generally to men who were born between approximately 1922 and 1942 and grew up on the West Side of Chicago, particularly Lawndale.

GVS derives its revenues from banquets sponsored twice a year that is attended by its members and on occasion other invitees for the purpose of raising money for the benefit of various approved 501(c)(3) charities.

The Board of Directors consider and approve all gifts to charities. However the principal beneficiary of these gifts has been and will continue to be the "American Friends of Mogen David Adom" or "ARMDI". ARMDI is an approved 501(c)(3) non-profit organization which serves as the state of Israel's emergency medical, disaster, ambulance, blood and healthcare network. Gifts to ARMDI by the GVS have been used primarily to fund the purchase of ambulances for use in Israel.

Other approved 501(c)(3) organizations that have received gifts from the GVS include [1] "Friends of the Israel Defense Forces" which provides educational scholarships to students who are former soldiers of the Israel Defense Forces. Recipients of the scholarship are selected by an International Grant Committee, [2] "Holocaust Memorial Museum" which is dedicated to preserving the memory of Jewish victims of the Nazi mass murders before and during World War II and documenting the same for history [3] Prostate Cancer, [4] Juvenile Diabetes, [5] Leukemia Research, [6] Children's Camp for Cancer, [7] Multiple Sclerosis, and [8] Tourett's Syndrome.

All GVS activities are conducted in the Chicago Metropolitan Area and its suburbs. All of the time of the GVS is allocated or devoted to its charitable purposes and its sole source of funding are the semi-annual banquets. All directors and officers are volunteers and serve without any remuneration or compensation.

Great Vest Side Club of Chicago
 Ein:30-0266773
 Attachment to Form 990-EZ

PART IV List of Officers, Directors, Trustees, and Key Employees

[A] Name and address	[B] Title and average hours per week devoted to position	[C] Compensation paid	[D] Contributions to employee benefit plan & deferred compensation	[E] Expense account and other allowances
Norman Levin 1511 No. Milwaukee Ave Chicago, Ill 60622	President & Director			
William Woloshin 161 No. Clark Street, Suite 2600 Chicago, Ill 60601	Secretary & Director			
Jack Esses 440 South LaSalle Street, Suite 2950 Chicago, Ill 60605	Vice-President & Director			
Bud Solk 630 Ballantrae Northbrook, Ill 60062	Vice-President & Director			
Victor Elias 571 Eagle Court Riverwoods, Ill 60015	Vice-President & Director			
Jerome Lipman 125 So. Wacker Drive, Suite 1500 Chicago, Ill 60606	Treasurer & Director			
Gerald Bender 2801 Richard Daley Center Chicago, ILL 60602	Director			
Alan Berman 308 Riverside Court Lincolnshire, Ill 60069	Director			
Arthur Farber 950 Augusta Way, Apt 313 Highland Park, Ill 60035	Director			
Stewart Granick 7300 No. Monticello Skokie, Ill 60076	Director			
Herbert Kanter 1817 Eastwood Avenue Highland Park, Ill 60035	Director			
Jordan Leff 1440 No. Lake Shore Drive Chicago, Ill 60610	Director			
Ned Lufrano 3150 N Lake Shore Drive Chicago, Ill 60657	Director			
Larry Schaffel 1771 Mission Hills, Unit 115 Northbrook, Ill 60062	Director			
Mike Scharf 638 Picardy Circle Northbrook, Ill 60062	Director			

All directors and officers are volunteers and serve without any remuneration or compensation and devote all time necessary or required to the organizations charitable purposes

For Office Use Only

PMT #	_____
AMT	_____
INIT	_____

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

Attorney General **LISA MADIGAN** State of Illinois
Charitable Trust Bureau, 100 West Randolph
11th Floor, Chicago, Illinois 60601

Form AG990-IL
Revised 3/05

CO # _____

Report for the Fiscal Period:

Beginning 01 / 01 / 08

& Ending 12 / 31 / 08
MO DAY YR

Make Checks
Payable to
the Illinois
Charity
Bureau Fund

Check all items attached:

- ☒ Copy of IRS Return
☐ Audited Financial Statements
☐ Copy of Form IFC
☒ \$15.00 Annual Report Filing Fee
☐ \$100.00 Late Report Filing Fee

Federal ID # 30-0266773

Are contributions to the organization tax deductible? ☐ Yes ☒ NoDate Organization was created: 07 / 23 / 2004
MO DAY YR

LEGAL NAME Great Vest Side Club of Chicago	Year-end amounts	
MAIL ADDRESS 1511 North Milwaukee Avenue	A) ASSETS	A) \$ 6,667
CITY, STATE Chicago, Illinois 60622	B) LIABILITIES	B) \$
ZIP CODE	C) NET ASSETS	C) \$ 6,667
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	62 %	D) \$ 39,879
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	%	E) \$
F) OTHER REVENUES	38 %	F) \$ 24,547
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$ 64,426
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
H) OPERATING CHARITABLE PROGRAM EXPENSE	100 %	H) \$ 24,547
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	100 %	J) \$ 24,547
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J): \$		
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	100 %	K) \$ 31,000
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	95 %	L) \$ 55,547
M) MANAGEMENT AND GENERAL EXPENSE	05 %	M) \$ 3,109
N) FUNDRAISING EXPENSE	%	N) \$
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	O) \$ 58,656
III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:		
(Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR)		
PROFESSIONAL FUNDRAISERS:		
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$
PROFESSIONAL FUNDRAISING CONSULTANTS:		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$
IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:		
T) NAME, TITLE:		T) \$ None
U) NAME, TITLE:		U) \$ None
V) NAME, TITLE:		V) \$ None
V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES		List on back side of instructions CODE
W) DESCRIPTION: Grants to other charitable organizations		W) # 150
X) DESCRIPTION:		X) #
Y) DESCRIPTION:		Y) #

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?		✓
2	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?		✓
3	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?		✓
4	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?		✓
5	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?		✓
6	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)		✓
7a	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?		✓
7b	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____		
8	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?		✓
9	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?		✓
10	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?		✓
11	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: Glenview State Bank 800 Waukegan Road Glenview, Illinois 60025		
12	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: Jerome H. Lipman Treasurer 312-3410-0100		

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

Norman Levin

PRESIDENT or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

Jerome H. Lipman

TREASURER or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

Jack J. Esses

PREPARER (PRINT NAME)

SIGNATURE

DATE

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Internal Revenue Service**Short Form
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- ☐ Address change
☐ Name change
☐ Initial return
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☒ Application pending

Please
use IRS
label or
print or
type. See
Specific
Instruc-
tions.**C** Name of organization**Great Vest Side Club of Chicago**

Number and street (or P O box, if mail is not delivered to street address) Room/suite

1511 North Milwaukee Avenue

City or town, state or country, and ZIP + 4

Chicago, Illinois 60622**D** Employer identification number**30 0266773****E** Telephone number**(773) 486-1784****F** Group Exemption
Number . . . ►**N/A**• **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: ► **www.greatvestside.org****J** Organization type (check only one)— ☒ 501(c) (**3**) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ► ☒ if the organization is **not**
required to attach Schedule B (Form 990,
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	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>		
	6a	Gross revenue (not including \$ 39,879 of contributions reported on line 1)	6a	24,547
	6b	Less: direct expenses other than fundraising expenses	6b	24,547
Expenses	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less: cost of goods sold	7b	
	7c	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	39,879
	10	Grants and similar amounts paid (attach schedule)	10	31,000
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
Net Assets	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	1,087
	16	Other expenses (describe ► Taxes, etc 1,315; Website 707)	16	2,022
	17	Total expenses. Add lines 10 through 16	17	34,109
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,770
Net Assets	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	897
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20. ►	21	6,667

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 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	897	22 6,667
23 Land and buildings		23
24 Other assets (describe ►)		24
25 Total assets	897	25 6,667
26 Total liabilities (describe ►)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	897	27 6,667

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

Cat No. 106421

Form **990-EZ** (2008)

Expenses

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

28 See attached statement

(Grants \$	31,000) If this amount includes foreign grants, check here	<input type="checkbox"/>	28a	31,000
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29 _____

 (Grants \$ _____) If this amount includes foreign grants, check here ☐ 29a

30 _____

 (Grants \$ _____) If this amount includes foreign grants, check here ☐ 30a

31	Other program services (attach schedule)	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
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32	Total program service expenses (add lines 28a through 31a)	32	31,000
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Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

[illegible]

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

	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		✓
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		✓
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 your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		✓
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b Did the organization file Form 1120-POL for this year?		✓
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 unpaid at the start of the period covered by this return?		✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>None</u> ; section 4912 ▶ <u>None</u> ; section 4955 ▶ <u>None</u>		
b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		✓
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d 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. ▶ <u>Illinois</u>		
42a The books are in care of ▶ <u>Jerome H. Lipman, Treasurer</u> Telephone no. ▶ <u>(312) 341-0100</u>		
Located at ▶ <u>125 South Wacker Drive Chicago, Illinois</u> ZIP + 4 ▶ <u>60606-4477</u>		
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 .		
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		✓
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		✓

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51.

- | | Yes | No |
|--|-----|----|
| 46 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 | | ✓ |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | | ✓ |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | ✓ |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | | ✓ |
| 49b If "Yes," was the related organization(s) a section 527 organization? | | |
- 50** Complete this table for the 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."

(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
No compensation paid-all volunteers				
Total number of other employees paid over \$100,000 ▶		None		

- 51** Complete this table for the 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		
Total number of other independent contractors each receiving over \$100,000 . . ▶		

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.

Sign Here

Signature of officer _____ Date _____
Jerome H. Lipman, Treasurer
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature _____ Date _____ Check if self-employed ☒ Preparer's Identifying Number (See instructions) **P00472157**
 Firm's name (or yours if self-employed), address, and ZIP + 4 **Jack J. Esses** EIN _____
440 South LaSalle St. Suite 2950 Chicago, IL 60605 Phone no. ▶ (312) **663-6127**

May the IRS discuss this return with the preparer shown above? See instructions . . . ▶ ☒ **Yes** ☐ **No**

Great Vest Side Club of Chicago
Ein:30-0266773
Attachment to Form 990-EZ

PART I-Line 10 Grants and Similar Amounts Paid
And
Part III-Lines 28 to 31 Statement of Program Service Accomplishments

Line No	Charitable contributions or gifts have been made to the following 501[c][3] organizations:	Current tax year
28-31	ARMDI (American Friends of Magen David Adom) One East Wacker Drive Suite 2224 Chicago, Illinois 60601	27,000
28-31	Friends of the Israel Defense Forces 29 East Madison Street Chicago, Illinois 60602	4,000
10 & 32	Total	<u>31,000</u>

Attachment to Form 990-EZ
PART I-Line 10 Grants and Similar Amounts Paid
And
Part III-Lines 28 to 31 Statement of Program Service Accomplishments

Great Vest Side Club of Chicago

Ein:30-0266773

Attachment to Form 990-EZ

PART III Statement of Program Service Accomplishments

Membership in the Great Vest Side Club of Chicago ("GVS") is limited generally to men who were born between approximately 1922 and 1942 and grew up on the West Side of Chicago, particularly Lawndale.

GVS derives its revenues from banquets sponsored twice a year that is attended by its members and on occasion other invitees for the purpose of raising money for the benefit of various approved 501(c)(3) charities.

The Board of Directors consider and approve all gifts to charities. However the principal beneficiary of these gifts has been and will continue to be the "American Friends of Mogen David Adom" or "ARMDI". ARMDI is an approved 501(c)(3) non-profit organization which serves as the state of Israel's emergency medical, disaster, ambulance, blood and healthcare network. Gifts to ARMDI by the GVS have been used primarily to fund the purchase of ambulances for use in Israel.

Other approved 501(c)(3) organizations that have received gifts from the GVS include [1] "Friends of the Israel Defense Forces" which provides educational scholarships to students who are former soldiers of the Israel Defense Forces. Recipients of the scholarship are selected by an International Grant Committee, [2] "Holocaust Memorial Museum" which is dedicated to preserving the memory of Jewish victims of the Nazi mass murders before and during World War II and documenting the same for history [3] Prostate Cancer, [4] Juvenile Diabetes, [5] Leukemia Research, [6] Children's Camp for Cancer, [7] Multiple Sclerosis, and [8] Tourett's Syndrome.

All GVS activities are conducted in the Chicago Metropolitan Area and its suburbs. All of the time of the GVS is allocated or devoted to its charitable purposes and its sole source of funding are the semi-annual banquets. All directors and officers are volunteers and serve without any remuneration or compensation.

Attachment to Form 990-EZ

Part III Statement of Program Service Accomplishments

Great Vest Side Club of Chicago
 Ein:30-0266773
 Attachment to Form 990-EZ

PART IV List of Officers, Directors, Trustees, and Key Employees

[A] Name and address	[B] Title and average hours per week devoted to position	[C] Compensation paid	[D] Contributions to employee benefit plan & deferred compensation	[E] Expense account and other allowances
Norman Levin 1511 No. Milwaukee Ave Chicago, Ill 60622	President & Director			
William Woloshin 161 No. Clark Street, Suite 2600 Chicago, Ill 60601	Secretary & Director			
Jack Esses 440 South LaSalle Street, Suite 2950 Chicago, Ill 60605	Vice-President & Director			
Bud Solk 630 Ballantrae Northbrook, Ill 60062	Vice-President & Director			
Victor Elias 571 Eagle Court Riverwoods, Ill 60015	Vice-President & Director			
Jerome Lipman 125 So. Wacker Drive, Suite 1500 Chicago, Ill 60606	Treasurer & Director			
Gerald Bender 2801 Richard Daley Center Chicago, ILL 60602	Director			
Alan Berman 308 Riverside Court Lincolnshire, Ill 60069	Director			
Arthur Farber 950 Augusta Way, Apt 313 Highland Park, Ill 60035	Director			
Stewart Granick 7300 No. Monticello Skokie, Ill 60076	Director			
Herbert Kanter 1817 Eastwood Avenue Highland Park, Ill 60035	Director			
Jordan Leff 1440 No. Lake Shore Drive Chicago, Ill 60610	Director			
Ned Lufano 3150 N. Lake Shore Drive Chicago, Ill 60657	Director			
Larry Schaffel 1771 Mission Hills, Unit 115 Northbrook, Ill 60062	Director			
Mike Scharf 638 Picardy Circle Northbrook, Ill 60062	Director			

All directors and officers are volunteers and serve without any remuneration or compensation and devote all time necessary or required to the organizations charitable purposes