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GOVERNMENT COPY

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

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, 2019, and ending For calendar year 2019, or fiscal year beginning

OMB No. 1545-1878

▶ Do not send to the IRS. Keep for your records. Department of the Treasury ► Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Name of exempt organization Employer identification number GREAT VEST SIDE CLUB OF CHICAGO 30-0266773 Name and title of officer HERBERT KANTER PRESIDENT Type of Return and Return Information (Whole Dollars Only) Part I Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) _____ 1b ___ 1a Form 990 check here 2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) ______ 2b _____ 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 4a Form 990-PF check here 5a Form 8868 check here ▶ b Balance Due (Form 8868, line 3c) **Declaration and Signature Authorization of Officer** Part II Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only X | authorize CTM CPAS & BUSINESS ADVISORS to enter my PIN ERO firm name as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Date 🕨 Part III **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 36029040783 number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ______ Date ▶ <u>06/29/20</u> ERO's signature ► CTM CPAS & BUSINESS ADVISORS **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

EXTENDED TO NOVEMBER 16, 2020 **Short Form**

Form **990-EZ**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2019

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form, as it may be made public.
 Go to www.irs.gov/Form990EZ for instructions and the latest information.

| Content Cont | A | For the | e 2019 cal | endar year, or tax year beginning | я | nd ending | | | | | |
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| Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) are \$500,000 or more, filt form 990 instead of form 990-Filt \$80,244. | | | | | | | 527 | (For | m 990 | , 990-EZ, or 990-PF). | |
| Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) | | | - | · | _ | | | | | | |
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| Check if the organization used Schedule O to respond to any question in this Part I | | | 1 (B)) are S | \$500,000 or more, file Form 990 instead of Form 990-EZ | Dalan | <u></u> | |] | | | |
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| 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 16 3,420. 30,765. 17 30,765. 18 4,400. 20 0. | Ξ | 15 | | | | | | | | 345. | |
| 17 Total expenses. Add lines 10 through 16 17 30,765. 18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 4,400. 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 7,159. 20 Other changes in net assets or fund balances (explain in Schedule 0) 20 0. 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 11,559. | | | • | | E SC | HEDUI | ·ΕΟ | | | | |
| 18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 4,400. 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 7,159. 20 Other changes in net assets or fund balances (explain in Schedule 0) 20 0. 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 11,559. | | | • | | | | | | | | |
| 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 0) Net assets or fund balances at end of year. Combine lines 18 through 20 19 7,159. 20 0. 19 7,159. | _ | + | | | | | | | | | |
| 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 11,559. | şţ | 1 | | | | | | | 10 | =,=00 | |
| 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 11,559. | SSE | '3 | | | | | | ı | 10 | 7 159 | |
| 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 11,559. | řΑ | 20 | | | | | | | | _ | |
| | ž | 1 | | , | | | | | | | |
| | | - | | | | | | | ۷۱ | | |

932171 12-11-19

| Pa | | Balance Sheets (see the instructions for Part II) | | | | | _ |
|--|--|---|--------------------------------------|---------------------------------------|-----------|----------------------------|----------------------|
| | (| Check if the organization used Schedule O to resp | oond to any question | in this Part II | | | |
| | | | | A) Beginning of year | | (B) E | nd of year |
| 22 | Cash, s | avings, and investments | | 7,159. | 22 | | 11,559. |
| 23 | | nd buildings | | | 23 | | |
| 24 | Other a | ssets (describe in Schedule 0) | | | 24 | | |
| 25 | Total a | | | 7,159. | | | 11,559. |
| 26 | | abilities (describe in Schedule O) | | 0. | | | 0. |
| 27 | | sets or fund balances (line 27 of column (B) must agree with line 21) | | 7,159. | | | 11,559. |
| | art III | Statement of Program Service Accomplishmer | its (see the instructi | | ,, | Fy | penses |
| | | Check if the organization used Schedule O to resp | • | , | X | (Required | for section |
| Wha | | ganization's primary exempt purpose? SEE ATTACHED S | | in the rait in | | | and 501(c)(4) |
| | | anization's program service accomplishments for each of its three largest program s | | In a clear and consists | | others.) | ons; optional for |
| | | anization's program service accomplishments for each of its three largest program's the services provided, the number of persons benefited, and other relevant informa | | in a clear and concise | | , | |
| 28 | SEE S | SCHEDULE O | | | | | |
| | | | | | _ | | |
| | | | | | _ | | |
| (Grants \$ 24,500.) If this amount includes foreign grants, check here | | | | | | 28a | 28,443. |
| 29 | | SCHEDULE O | , a | | | | |
| | | | | | | | |
| | - | | | | | | |
| | (Grants § | 1,000.) If this amount includes foreign | grants, check here | > | | 29a | 1,161. |
| 30 | SEE S | SCHEDULE O | | | | | _ |
| | | | | | | | |
| | | | | | | | |
| | (Grants S | 1,000.) If this amount includes foreign of | grants, check here | > | | 30a | 1,161. |
| 31 | Other pr | ogram services (describe in Schedule O) | | | | | |
| | (Grants 9 |) If this amount includes foreign of | grants, check here | | | 31a | |
| 32 | Total pr | ogram service expenses (add lines 28a through 31a) | | | . • | 32 | 30,765. |
| Pa | art IV | List of Officers, Directors, Trustees, and Key E | mployees (list each one e | even if not compensated - se | ee the ii | nstructions fo | r Part IV) |
| | | Check if the organization used Schedule O to resp | ond to any question | in this Part IV | | | X |
| | | | (b) Average hours | | | alth benefits, | (e) Estimated |
| | | (a) Name and title | per week devoted to | compensation (Forms W-2/1099-MISC) | emplo | ibutions to yee benefit | amount of other |
| | | • | position | (if not paid, enter -0-) | | and deferred pensation | compensation |
| WI | LLIA | M WOLOSHIN | | | | | |
| SE | CRETZ | ARY & DIRECTOR | 0.00 | 0. | | 0. | 0. |
| | | S ORLOFF | | - | | | |
| | RECT | | 0.00 | 0. | | 0. | 0. |
| | D SOI | | 1 | | | | |
| | | RESIDENT & DIRECTOR | 0.00 | 0. | | 0. | 0. |
| | | ELIAS | 1 0.00 | 1 | | | • |
| | | RESIDENT & DIRECTOR | 0.00 | 0. | | 0. | 0. |
| | | FALK | 0.00 | 1 | | | |
| | RECT | | 0.00 | | | 0. | 0. |
| | | | | | | 0. | |
| | mittin | | 0.00 | 0. | | | |
| | | FARBER | | | | 0 | |
| | EASU | FARBER RER & DIRECTOR | 0.00 | 0. | | 0. | 0. |
| NE | EASUI | FARBER RER & DIRECTOR FRANO | 0.00 | 0. | | | 0. |
| NE DI | EASUI D LUI RECT(| FARBER RER & DIRECTOR FRANO OR | | | | 0. | |
| NE DI ST | EASUI D LUI RECTO | FARBER RER & DIRECTOR FRANO OR N PATT | 0.00 | 0. | | 0. | 0. |
| NE DI ST RE | EASUI D LUI RECTO EPHEI CORD | FARBER RER & DIRECTOR FRANO OR N PATT ING SECRETARY & DIRE | 0.00 | 0. | | | 0. |
| NE DI ST RE ED | EASUI CD LUI RECT(PEPHEI CORD) | FARBER RER & DIRECTOR FRANO OR N PATT ING SECRETARY & DIRE CIN | 0.00 | 0. | | 0. | 0. |
| NE DI ST RE DI | EASUI D LUI RECTO 'EPHEI CORD REIO REIO | FARBER RER & DIRECTOR FRANO OR N PATT ING SECRETARY & DIRE CIN OR | 0.00 | 0. | | 0. | 0. |
| NE DI ST ED DI LA | EASUI RECTO EPHEI CORD REIO RECTO | FARBER RER & DIRECTOR FRANO DR N PATT ING SECRETARY & DIRE CIN DR SCHAFFEL | 0.00 0.00 0.00 | 0. 0. 0. | | 0. | 0. |
| NE DI ST RE DI LA DI | EASUI RECTO EPHEI CORD REIO RECTO RECTO | FARBER RER & DIRECTOR FRANO DR N PATT ING SECRETARY & DIRE CIN DR SCHAFFEL DR | 0.00 | 0. | | 0. | 0. |
| NE DI ST ED DI LA DI PH | EASUI RECTO EPHEI CORD REIO RECTO RECTO RECTO | FARBER RER & DIRECTOR FRANO OR N PATT ING SECRETARY & DIRE CIN OR SCHAFFEL OR P WITT | 0.00 0.00 0.00 0.00 | 0. 0. 0. | | 0. 0. 0. | 0. 0. 0. 0. |
| NE DI ST ED DI LA DI PH | EASUI RECTO EPHEI CORD REIO RECTO RRY S RECTO | FARBER RER & DIRECTOR FRANO DR N PATT ING SECRETARY & DIRE CIN DR SCHAFFEL DR P WITT | 0.00 0.00 0.00 | 0. 0. 0. | | 0. | 0. |
| NE DI ST ED DI LA DI PH DI | EASUI RECTO EPHEI CORD RECTO RECTO RECTO ILLII RECTO | FARBER RER & DIRECTOR FRANO OR N PATT ING SECRETARY & DIRE CIN OR SCHAFFEL OR P WITT OR KON | 0.00 0.00 0.00 0.00 0.00 | 0. 0. 0. 0. | | 0. 0. 0. | 0. 0. 0. 0. |
| NE DI ST ED DI LA DI PH DI | EASUI RECTO EPHEI CORD REIO RECTO RRY S RECTO | FARBER RER & DIRECTOR FRANO OR N PATT ING SECRETARY & DIRE CIN OR SCHAFFEL OR P WITT OR KON | 0.00 0.00 0.00 0.00 | 0. 0. 0. | | 0. 0. 0. 0. | 0. 0. 0. 0. |

| | instructions for Part V.) Check if the organization used Sch. O to respond to any question in this | Part | | X |
|------|---|--------|-------|--------|
| | | | Yes | No |
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each | | | |
| | activity in Schedule 0 | 33 | | 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)? | 35a | | Х |
| | If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0 | 35b | N/ | A |
| C | 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 | 35c | | X |
| 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 |
| | Enter amount of political expenditures, direct or indirect, as described in the instructions | | | |
| | Did the organization file Form 1120-POL for this year? | 37b | | Х |
| 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? | 38a | | Х |
| | If "Yes," complete Schedule L, Part II, and enter the total amount involved | 4 | | |
| 39 | Section 501(c)(7) organizations. Enter: | | | |
| | Initiation fees and capital contributions included on line 9 39a N/A | 4 | | |
| | Gross receipts, included on line 9, for public use of club facilities N/A | 4 | | |
| 40 a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: | | | |
| | section 4911 ▶ | | | |
| b | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit | | | |
| | transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any | | | 37 |
| | of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | | X |
| C | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on | | | |
| | organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | | |
| a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed | | | |
| | by the organization 0. | | | |
| е | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter | 40. | | Х |
| 44 | transaction? If "Yes," complete Form 8886-T | 40e | | Λ |
| | List the states with which a copy of this return is filed \blacktriangleright IL The organization's books are in care of \blacktriangleright ARTHUR FARBER Telephone no. \blacktriangleright 312-81 | 3 _ 1 | 17/ | |
| 42 a | Located at \triangleright 950 AUGUSTA WAY #313, HIGHLAND PARK, IL | | | |
| | At any time during the calendar year, did the organization have an interest in or a signature or other authority | 003 | | |
| U | over a financial account in a foreign country (such as a bank account, securities account, or other financial | | Yes | No |
| | coccupt/Q | 42b | 100 | v |
| | If "Yes," enter the name of the foreign country | 420 | | Λ |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| r | At any time during the calendar year, did the organization maintain an office outside the United States? | 42c | | Х |
| U | If "Yes," enter the name of the foreign country | 720 | | |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here | | • | |
| 10 | and enter the amount of tax-exempt interest received or accrued during the tax year | N/A | , | |
| | and officer the difficulty of any construction of a desirable during the tax year | , | | |
| | | | Yes | No |
| 44 a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of | | | |
| | Form 990-EZ | 44a | | Х |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead | 116 | | |
| - | of Form 990-EZ | 44b | | х |
| C | Did the organization receive any payments for indoor tanning services during the year? | 44c | | X |
| | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation | | | |
| _ | in Schedule O | 44d | | |
| 45 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | Х |
| | 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 | 45b | | |
| | | Form 9 | 90-F7 | (2019) |

| 40 | District. | and the state of t | and the second second second section is a second se | and balant at an in | | didakan famas | | | Yes | NO |
|-------|-----------|--|--|-----------------------------|----------------------|---------------------------|-----------------------------------|----------|---------------------|-----------|
| 46 | | organization engage, directly or indirectly, in complete Schedule C, Part I | political campaign activities | | | • | | 46 | | X |
| Pa | rt VI | Section 501(c)(3) Organization | ns Only | | | | | 70 | | |
| | | All section 501(c)(3) organizations mus | | 9b and 52, and | complete the ta | bles for lines | s 50 and 51. | | | |
| | | Check if the organization used Schedu | ule O to respond to any o | question in this | Part VI | | | | | |
| | | | | | | | | | Yes | No |
| 47 | | organization engage in lobbying activities or l | | | | | | 47 | | _X_ |
| 48 | | ganization a school as described in section 1 | | | | | | 48 | | X |
| | | organization make any transfers to an exemp | | | | | | 49a | | <u>X</u> |
| | | was the related organization a section 527 or | | | | | | 49b | | |
| 50 | • | e this table for the organization's five highes | | | s, directors, truste | es, and key er | nployees) who ea | ich red | ceived n | nore |
| | than \$10 | 10,000 of compensation from the organization | | | hours (a) | | (d) Health benefits | T /- | \ Fatim | |
| | | (a) Name and title of each employed | ee | (b) Average per week dev | nted to compé | Reportable nsation (Forms | contributions to employee benefit | 1 0m | e) Estim ount of | |
| | | NC | ONE | positio | I W-2 | /1099-MISC) | plans, and deferred | | mpensa | |
| | | 140 | JILL . | | | | compensation | + | | |
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| | organiza | e this table for the organization's five highes tion. If there is none, enter "None." NC Name and business address of each indepen | ONE | | (b) Type o | | | | ensation | <u> </u> |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| ч | Total nu | mber of other independent contractors each | receiving over \$100 000 | | | | l . | | | |
| 52 | | organization complete Schedule A? Note ; All | - | tions must attach | | | | | | |
| - | | ed Schedule A | . , , , - | | u | | ▶ □ | ΧΥ | es 🗀 | No |
| Unde | | s of perjury, I declare that I have examined t | | | s and statements. | and to the bes | | | | |
| | • | and complete. Declaration of preparer (other | , , | . , , | , | | , | | , | |
| | | | , | | | | | | | |
| Sig | | Signature of officer | | | | | Date | | | |
| He | re | HERBERT KANTER, PR | RESIDENT | | | | | | | |
| | | Type or print name and title | | | T = . | l aı : = | | | | |
| | | Print/Type preparer's name | Preparer's signature | | Date | Check |] if PTIN | | | |
| Pai | d | STEVEN EDELHEIT, | STEVEN EDEI | - | 06/00/05 | self- emplo | | | | |
| Pre | parer | CPA, CVA | CPA, CVA | | 06/29/20 | | P001 | | | |
| Us | Only | Firm's name CTM CPAS & | | | | | 36-278 | | | |
| | | Firm's address ONE OVERLO | | | | Phone no. | 847-444 | # – T | 040 | |
| N / - | 1h 1DO . | ! | IRE, IL 60069 | · | | | <u> </u> | ⊽ | | ٦ |
| way | ine iKS d | iscuss this return with the preparer shown a | nove? See instructions | | | | | Χ γ | | <u>No</u> |
| | | | | | | | | -orm 🤉 | 990-F7 | 70191 |

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

GREAT VEST SIDE CLUB OF CHICAGO

Employer identification number 30-0266773

| Pa | rt I | Reason for Public (| Charity Status (| All organizations must co | mplete th | is part.) Se | e instructions. | |
|----------|--|---|--------------------------|--|-------------------------------------|------------------|---------------------------------------|----------------------------|
| Γhe | organ | ization is not a private found | ation because it is: (F | or lines 1 through 12, cl | heck only | one box.) | | |
| 1 | | A church, convention of ch | | | | |)(A)(i). | |
| 2 | | A school described in sect | ion 170(b)(1)(A)(ii). (/ | Attach Schedule E (Form | n 990 or 99 | 90-EZ).) | , , , , , , , , , , , , , , , , , , , | |
| 3 | 一 | A hospital or a cooperative | | · · | | | i). | |
| 4 | 同 | A medical research organiz | • | | | | = | the hospital's name. |
| | | city, and state: | , | , | | | | 1 |
| 5 | | An organization operated for | or the benefit of a col | lege or university owned | or operat | ed by a go | vernmental unit describe | ed in |
| Ŭ | | section 170(b)(1)(A)(iv). (C | | logo or armonomy omnoc | or operat | | | |
| 6 | | A federal, state, or local gov | • | ental unit described in | section 17 | 70(6)(4)(4) | w) | |
| 7 | H | · · · · · · · · · · · · · · · · · · · | - | | | | · · | aublic described in |
| ′ | ш | An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) | | | | | | |
| | A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) | | | | | | | |
| 8 | H | • | | | | بنامه ما ام | nation with a land arout | aallaaa |
| 9 | Ш | An agricultural research org | | | | - | _ | - |
| | or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or | | | | | | | |
| 40 | X | university: | lly receives (1) mare | than 22 1/20/ of its ours | a aut frama | ontribution | aa mambarahin faaa an | d areas ressints from |
| IU | 21 | An organization that norma | | | | | | |
| | | activities related to its exen | - | | | | | - |
| | | income and unrelated busin | | (less section 5 i i tax) fro | m busines | ses acquir | ed by the organization a | iπer June 30, 1975. |
| | | See section 509(a)(2). (Col | • | | | ! FC | 10(-)(4) | |
| 11 | H | An organization organized a | • | • | • | | | |
| 12 | Ш | An organization organized a | • | • | • | | • | |
| | | more publicly supported or | ~ | | | | | Sheck the box in |
| _ | | lines 12a through 12d that | • • | | | | . , | air in a |
| а | | Type I. A supporting orga | • | | • | _ | | |
| | | the supported organization | | | majority c | i trie direc | tors or trustees of the st | apporting |
| L | | organization. You must o | | | ion with its | | d arganization(a) by bay | vin a |
| b | | Type II. A supporting org | · · | | | | | - |
| | | control or management o | | | ame perso | ns that cor | itroi or manage the supp | оопеа |
| _ | | organization(s). You mus | | | in aannaat | ion with a | nd functionally integrate | ad with |
| С | | | - ' | | | | | ea with, |
| 4 | | its supported organization | | | | | | zation(a) |
| d | | Type III non-functionally that is not functionally int | | | | | • • • • | |
| | | requirement (see instructi | | • , | • | | | /eness |
| _ | | Check this box if the orga | • | • | • | | | |
| е | | functionally integrated, or | | | | | Type I, Type II, Type III | |
| f | Ente | er the number of supported of | * * | iany integrated supportin | ig organiz | ation. | | |
| | | vide the following information | | d organization(s) | | | | |
| | | i) Name of supported | (ii) EIN | (iii) Type of organization | (iv) Is the orga in your governi | inization listed | (v) Amount of monetary | (vi) Amount of other |
| | | organization | | (described on lines 1-10 above (see instructions)) | Yes | No | support (see instructions) | support (see instructions) |
| | | | | | | | | |
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| Γota | 11 | | | | | | | 1 |

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. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec | ction A. Public Support | | | | | | |
|--------------|---|-------------------|--------------------|---|----------------------|-------------------|---------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| Ū | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| | The portion of total contributions | | | | | | |
| J | 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, | | | | | | |
| | | | | | | | |
| 6 | | | | | | | |
| | Public support. Subtract line 5 from line 4. ction B. Total Support | | | | | | <u> </u> |
| | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| | Amounts from line 4 | (4) 2010 | (5) 2010 | (6) 2017 | (4) 2010 | (6) 2010 | (i) rotar |
| | Gross income from interest, | | | | | | |
| Ü | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| 9 | | | | | | | |
| | activities, whether or not the | | | | | | |
| 40 | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| 44 | assets (Explain in Part VI.) | | | | | | |
| | Total support. Add lines 7 through 10 | | | | | 40 | |
| | Gross receipts from related activities, | • | | | | 12 501(a)(0) | |
| 13 | First five years. If the Form 990 is for | - | | | - | | ▶□ |
| Sec | organization, check this box and stop ction C. Computation of Public | | | | | | |
| | Public support percentage for 2019 (lin | | - | olumn (fl) | | 14 | % |
| | Public support percentage from 2018 | | • | * | | 15 | / 0 % |
| | 33 1/3% support test - 2019. If the o | | | | | · · | |
| IUa | stop here. The organization qualifies a | | | | | | |
| h | 33 1/3% support test - 2018. If the o | | ~ | | l line 15 is 33 1/3% | | |
| Ü | and stop here. The organization qualit | | | | | | |
| 170 | | | | | | | |
| 1 <i>1</i> a | 10% -facts-and-circumstances test | _ | | | | | |
| | and if the organization meets the "fact | | | = | = | - | |
| | meets the "facts-and-circumstances" t | | | | | | |
| b | 10% -facts-and-circumstances test | _ | | | | | |
| | more, and if the organization meets the | | • | | • | | • |
| 40 | organization meets the "facts-and-circu | | | • | , | | P |
| 18 | Private foundation. If the organization | n did not check a | box on line 13, 16 | a, 16b, 17a, or 17b | o, check this box a | | 3 > |

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Se | ction A. Public Support | ,, | , | | | | |
|------|--|-----------------------------|---------------------------|-------------------------|---------------------|--------------------|--------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 75,847. | 32,541. | 36,153. | 20,535. | 19,294. | 184,370. |
| 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 organ- ization's benefit and either paid to or expended on its behalf | 39,539. | 39,214. | 37,768. | 49,700. | 18 95N | 215,171. |
| 5 | The value of services or facilities | 35,335. | 33,214. | 37,700. | 40,700. | 40,550. | 213,171. |
| | furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | 115,386. | 71,755. | 73,921. | 70,235. | 68,244. | 399,541. |
| 78 | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0. |
| ŀ | 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 | | | | | | 0. |
| (| Add lines 7a and 7b | | | | | | 0. |
| | Public support. (Subtract line 7c from line 6.) | | | | | | 399,541. |
| Se | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| | Amounts from line 6 | 115,386. | 71,755. | 73,921. | 70,235. | 68,244. | 399,541. |
| 10 | a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| k | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| | 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 VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | 115,386. | 71,755. | 73,921. | 70,235. | 68,244. | 399,541. |
| 14 | First five years. If the Form 990 is for | the organization's | first, second, third | l, fourth, or fifth tax | x year as a section | 501(c)(3) organiza | ation, |
| | check this box and stop here | | | | | | > |
| | ction C. Computation of Publi | | | | | T T | 100 00 |
| 15 | Public support percentage for 2019 (I | | | olumn (f)) | | | 100.00 % |
| 16 | Public support percentage from 2018 | | | | | 16 | 100.00 % |
| | ction D. Computation of Inves | | | - 101 (*) | | 47 | 00 ~ |
| | Investment income percentage for 20 | | | | | 17 | .00 % |
| 18 | , | | | n line 14 and line | | 18 | % |
| 198 | a 33 1/3% support tests - 2019. If the | | | | | | ▶ ▽ |
| k | more than 33 1/3%, check this box ar 33 1/3% support tests - 2018. If the | | | | | | |
| | line 18 is not more than 33 1/3%, che | ck this box and st o | op here. The orgar | nization qualifies as | s a publicly suppo | rted organization | |
| 20 | Drivate foundation If the organization | n did not chock a k | ooy on line 14 10a | or 10h chock thi | e hay and soo inc | ructions | ▶] |

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | Yes | No |
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| 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of an supported organization? b A family member of a person described in (a) above? If 'Yes' to a.b. or c. provide detail in Part VI. 11b C | Pal | Supporting Organizations (Continued) | | | |
|--|-----|--|------------------|-----|----|
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 59% controlled with or a special person described in (a) a for (a) bove? if Yes' to a, b, or c, provide detail in Pert VI. 11b | | | | Yes | No |
| below, the governing body of a supported organization? 1 A family member of a person described in (a) above? 2. AS\$6 controlled entity of a person described in (a) or (b) above? 3. AS\$6 controlled entity of a person described in (a) or (b) above? 4. Yes 1 to a. b. or c. provide detail in Pert VI. 11b 11c Section B. Type I Supporting Organizations 1 Did the directors, frustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If 'No,' observible. If the organization directors or trustees at all times during the tax year? If 'No,' observible. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization and what conditions or restrictors, if any, applied to supple powers during the tax year 2. Did the organization operate for the benefit of any supported organization other than the supported organization and what conditions or estrictors, if any, applied to supple powers during the tax year in Part VI how providing such benefit carried out the purposes of the supported organization of the than the supported organization and the supported organizations and the supported organizations of the supported organization of the supported organizations of the supported organization of the supported organization of the supported organization of the supported organization or trustees of each of the organization and the supported organization of the supported organization or trustees of each of the organization organization and the supported organization organization organization organiz | 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| b A family member of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If "Yes" describe in Part VI how the supported organization effectively operated, supervised, or controlled the organization's activities. If the organization and more than one supported organization, describe how the powers to appoint and/or embers delectors or trustees, are allocated omong the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization? If "Yes," explain in Part VI how the powers to appoint and/or embers upsopreed organization? If "Yes," explain in Part VI how the powers to appoint acroid remove supported organization? If "Yes," explain in Part VI how providing such benefit carred out the supported organization? If "Yes," explain in Part VI how providing such benefit carred out the supposes of the supported organization? If "Yes," explain in Part VI how control or management of the supporting Organizations 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organization, by the last day of the fifth month of the organization provide to each of its supported organization, to the extent not previously provided? 2 Were any of the organization or the source of the supported organiz | а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| section B. Type I Supporting Organizations 1 Did the directors, frustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or frustees at all times during the tax year? If "No," describe in Part VI now the supported organization's directors or frustees at all times during the tax year? If "No," describe in Part VI now the supported organization's directors or frustees at all times during the tax year? If "No," describe in Part VI now the supported organization or describe or or frustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or frustees were allocated among the supported organization and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization that the supported organization (s) that operated, supervised, or controlled the supporting organization and controlled the supporting organization and controlled the supporting organization and controlled the supported organization(s) that operated, supervised, or controlled the supported organization(s) that operated, supervised, or controlled the supported organization(s) that operated, supervised, or controlled or described the purposes of the supported organization(s) that operated, supervised, or controlled or or management of the supported organization(s). 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization or the supported organization or management of the supported organization organ | | below, the governing body of a supported organization? | 11a | | |
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If *No,* describe in Pat VI how the supported organization's directors or trustees at all times during the tax year? If *No,* describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations; and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operated for the benefit of any supported organization other than the supported organization; and the supported organization of the supported organization; if *Yes,* explain in Part VI pro providing outs benefit carried out the purposes of the supported organization; if *Yes,* explain in Part VI providing organizations and explain and in the supported organization. 2 Section C. Type II Supporting Organizations 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, and (ii) copies of the organization provide to each of its supported organizations, and (iii) copies of the organization markinate a close and continuous working relationship with the supported organizations). 3 By reason of the relationship described in IQ), did the organization? If 'Vo, 'explain in Part VI how the organizations played in this region. 3 Part VI provide the organization is a supported organizations in supported organizations is supported organizations in the part VI and (iii) and (iii) and (iii) and (i | b | A family member of a person described in (a) above? | 11b | | |
| Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least an najority of the organization's directors or trustees at all times during the tax yea? If "No," describe in Part VI how the supported organization's directors or trustees at all times during the tax yea? If "No," describe in Part VI how the supported organization organization, and the organization and what conditions or restrictions, if any, applied to such powers during the tax year. 2. Did the organization operate for the benefit of any supported organization of the thin the supported organization of year to the providing such benefit carried out the purposes of the supported organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization; but no perated. Section C. Type II Supporting Organizations 1. Were a majority of the organizations directors or trustees during the tax year also a majority of the directors or trustees of each of the organizations or supported organizations? If "Yes," describe in Part VI how control or or management of the supporting Organization and the same persons that controlled or managed. 1. Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a copy of the Form 900 that was most recently filed as of the date of netification, and (ii) copies of the organization's powering documents in effect on the date of netification, to the extent not previously provided? 2. Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization's powering documents in effect on the date of netification, to the organization's provided? 2. Were any of the organization is supported organization is supported organization's income or assests at all times during the tax year? If "Yes," describe in Part VI how the organization's powering documents in effect on th | | | 11c | | i |
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's effectively operated, supervised, or controlled the organization's activities. If the organization and more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operated for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization of the than the supported organization of the than the supported organization or controlled the supporting organization. 3 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s). 3 Were a majority of the organization's supported organization(s). 4 Were any orely of the Form 990 that was most vectors of the supported organization in the supporting organization is tax year, (i) a vortice describing the type and amount of support provided during the prior tax year, (ii) a vortice of the organization is tax year, (ii) a color of the organization is the vector of the organization is described in the supported organization is governing documents in effect on the date of notification, to the extent not previously provided? 1 Did the organization is diversed on the date of notification, to the extent not previously provided organizations is supported organizations is supported organizations is supported organiza | Sec | tion B. Type I Supporting Organizations | | | |
| regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization (s) effectively operated, supervised, or controlled the organization's activities. If the organization and more than one supported organization, describe how the powers to appoint another remove directors or trustees were allocated among the supported organization operate for the benefit of any supported organization other than the supported organization operate for the benefit of any supported organization of the trust than the supported organization operate for the benefit of any supported organization of the than the supported organization of the trustees of each of the organization's controlled the supported organization. 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organizations. 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organizations. 2 Vers or trustees of each of the organization's supported organizations or trustees of each of the organization's supported organization's supporting Organization's supported organization's supporting Organization's supported organization's supported organization's governing documents in effect on the date of notification, to the extent not previously provided's 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization's governing documents in effect on the date of notification, to the extent not previously provided organization's income or assets at all times during the tax year' if "yes," describe in Part VI five role the orga | | | | Yes | No |
| tax year? If *No,* describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization? If *Yes,* explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organizations. 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If *No,* describe in Part VI how control or management of the supporting Organizations was vested in the same persons that controlled or managed the supporting organization was vested in the same persons that controlled or managed the supporting organization was vested in the same persons that controlled or managed the supporting organization was vested in the same persons that controlled or managed the supporting organization was vested in the same persons that controlled or managed the supporting organization was vested in the same persons that controlled or managed the organization is tax year. (i) a written notice describing the type and amount of support provided during the prior tax year. (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (ii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 2 Were any of the organization or the regularization or of the elationship with the supported organization's and a significant voice in the organization or the restriction of the relationship of the described in (2), cite the organization's suppo | 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | 1 |
| controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 bid the organization operate for the benefit of any supported organization other than the supported organization (s) that operated, supervised, or controlled the supporting organization (f) if "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization was vested in the same persons that controlled or managed to measurement of the supporting organization was vested in the same persons that controlled or managed to measurement of the supporting organization was vested in the same persons that controlled or managed to measurement of the supported organizations by the last day of the fifth month of the organization's tax year, (i) a viriten notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 2 Were any of the organization so officers, directors, or trustees either (ii) appointed or elected by the supported organization's provided organization's provided organization's provided organization's provided organization's involvement as significant voice in the organization and the supported organization's live in the relationship described in (ii), did the organization's supported organization's involvement as supp | | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 bid the organization operate for the benefit of any supported organization other than the supported organization (s) that operated, supervised, or controlled the supporting organization (f) if "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization was vested in the same persons that controlled or managed to measurement of the supporting organization was vested in the same persons that controlled or managed to measurement of the supporting organization was vested in the same persons that controlled or managed to measurement of the supported organizations by the last day of the fifth month of the organization's tax year, (i) a viriten notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 2 Were any of the organization so officers, directors, or trustees either (ii) appointed or elected by the supported organization's provided organization's provided organization's provided organization's provided organization's involvement as significant voice in the organization and the supported organization's live in the relationship described in (ii), did the organization's supported organization's involvement as supp | | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
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| organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 3 By reason of the relationship described in (2), did the organization's supported organization's involve in the organization's involve in the organization's involvement, one or assets at all times during the tax year? If "Yes," describe in Part VI the relet the organization's supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization's organization was responsive to those supported organization determined that these activities constituted substantially all of its activities. b Did the activities described in (a) constitute activities that, but for the organization determined that these activities during the supported organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's involvement. 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b Dild the organization exercise a substantial degree of direction ov | 2 | | | | |
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| By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations 1 | | , , | 2 | | |
| significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities obstantially all of its activities. b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have engaged in these activities but for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | 3 | | | | |
| income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities described in (a) constitute activities that, but for the organization determined that these activities described in (a) constitute activities that, but for the organization is involvement, one or more of the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | | | |
| Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a | | | | | |
| Section E. Type III Functionally Integrated Supporting Organizations 1 | | | 3 | | |
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a | Sec | capported organizations played in this regard. | | | |
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| the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organizations. Answer (a) and (b) below. Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | | | |
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| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | 3 | • | | | |
| trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | - | | За | | |
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| | - | | 3b | | |

Schedule A (Form 990 or 990-EZ) 2019

instructions).

| Par | TV │ Type III Non-Functionally Integrated 509(| a)(3) Supporting Orga | nizations _(continued) | |
|----------|---|-------------------------------|--|---|
| Secti | on D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exer | mpt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | t purposes of supported | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2019 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
| 1 | Distributable amount for 2019 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2019 (reason- | | | |
| | able cause required- explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2019 | | | |
| а | From 2014 | | | |
| b | From 2015 | | | |
| С | From 2016 | | | |
| d | From 2017 | | | |
| е | From 2018 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2019 distributable amount | | | |
| i | Carryover from 2014 not applied (see instructions) | | | |
| <u>j</u> | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2019 from Section D, | | | |
| | line 7: \$ | | | |
| а | Applied to underdistributions of prior years | | | |
| b | Applied to 2019 distributable amount | | | |
| С | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2019, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2019. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2020. Add lines 3j | | | |
| | and 4c. | | | |
| | Breakdown of line 7: | | | |
| | Excess from 2015 | | | |
| b | Excess from 2016 | | | |
| С | Excess from 2017 | | | |
| d | Excess from 2018 | | | |
| е | Excess from 2019 | | | |

Schedule A (Form 990 or 990-EZ) 2019

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

GREAT VEST SIDE CLUB OF CHICAGO

Employer identification number 30-0266773

| GREAT VEST SIDE CLUB OF CHICAGO | 30-0266773 |
|--|-------------------------------------|
| FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS | PAID: |
| ACTIVITY CLASSIFICATION: CHARITABLE CONTRIBUTIONS OR GIFT | IS HAVE BEEN MADE |
| TO THE FOLLOWING 501(C)(3) | |
| GRANTEE NAME: AFMDA (AMERICAN FRIENDS OF MAGEN DAVID ADON | M) |
| GRANTEE ADDRESS: 3175 COMMERCIAL AVENUE SUITE 101 NORTHBE | ROOK, IL 60062 |
| AMOUNT GIVEN: | 24,500. |
| ACTIVITY CLASSIFICATION: CHARITABLE CONTRIBUTIONS OR GIFT | TS HAVE BEEN MADE |
| TO THE FOLLOWING 501(C)(3) | |
| GRANTEE NAME: TEMPLE BETH ISRAEL | |
| GRANTEE ADDRESS: 3601 DEMPSTER ST. SKOKIE , IL 60076 | |
| AMOUNT GIVEN: | 1,000. |
| | |
| ACTIVITY CLASSIFICATION: CHARITABLE CONTRIBUTIONS OR GIFT | IS HAVE BEEN MADE |
| TO THE FOLLOWING 501(C)(3) | |
| GRANTEE NAME: ANTI DEFAMATION LEAGUE | |
| GRANTEE ADDRESS: 605 3RD AV. NEW YORK , NY 10158 | |
| AMOUNT GIVEN: | 1,000. |
| TOTAL INCLUDED ON FORM 990-EZ, LINE 10 | 26,500. |
| FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: | |
| DESCRIPTION OF OTHER EXPENSES: | AMOUNT: |
| TELEPHONE AND OFFICE | 1,574. |
| INSURANCE | 944. |
| WEBSITE SERVICES | 205. |
| LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. | hedule O (Form 990 or 990-EZ) (2019 |

932211 09-06-19

| Name of the organization GREAT VEST SIDE CLUB OF CHICAGO | Employer identification number 30-0266773 |
|--|---|
| MISCELLANEOUS | 697. |
| TOTAL TO FORM 990-EZ, LINE 16 | 3,420. |
| | |
| FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISE | MENTS: |
| CHARITABLE CONTRIBUTIONS OR GIFTS HAVE BEEN MADE TO THE | |
| FOLLOWING 501(C)(3) | |
| AFMDA (AMERICAN FRIENDS OF MAGEN DAVID ADOM) | |
| 3175 COMMERCIAL AVE, SUITE 101, NORTHBROOK, IL 60062 | |
| FEIN: 13-1790719 | |
| | |
| FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISE | IMENTS: |
| CHARITABLE CONTRIBUTIONS OR GIFTS HAVE BEEN MADE TO THE | |
| FOLLOWING 501(C)(3) | |
| TEMPLE BETH ISRAEL | |
| 3601 DEMPSTER ST. SKOKIE IL 60076 | |
| 36-2469780 | |
| | |
| | |
| FORM 990-EZ, PART III, LINE 30, PROGRAM SERVICE ACCOMPLISE | IMENTS: |
| CHARITABLE CONTRIBUTIONS OR GIFTS HAVE BEEN MADE TO THE | |
| FOLLOWING 501(C)(3) | |
| ANTI DEFAMATION LEAGUE | |
| 605 3RD AV. NEW YORK NY 10158 | |
| 13-2887439 | |
| | |
| FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE | |
| MEMBERSHIP IN THE GREAT VEST SIDE CLUB OF CHICAGO ("GSV") | IS OPEN TO |
| THE PUBLIC OF THE PEOPLE WHO WERE BORN BETWEEN APPROXIMATE | |
| 932212 09-06-19 Sche | dule O (Form 990 or 990-EZ) (2019) |

Employer identification number Name of the organization GREAT VEST SIDE CLUB OF CHICAGO 30-0266773 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 VARIOUS APPROVED 501(C)(3) CHARITIES. THEBOARD OF DIRCTRORS 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 MAGEN DAVID ADOM" OR "ARMDA". ARMDA IS AN APPROVED 501(C)(3) NON-PROFIT ORGANIZATION WHICH SERVES AS THE STATE OF ISRAEL'S EMERGENCY MEDICAL, DISASTER, AMBULANDE, BLOOD AND HEALTHCARE NETWORK. GIFTS TO ARMDA BY THE GVS HAS BEEN USED PRIMARILY TO FUND THE PURCHASES OF AMBULANCES FOR USE IN ISRAEL. OTHER APPROVED 501(C)(3) ORGANIZATIONS THAT HAVE RECEIVED GIFTS FROM THE GVS INCLUDE [1] ISRAEL CANCER RESEARCH FUND, [2] ISRAEL TENNIS FOUNDATION, [3] WETA PUBLIC TELEVISION, [4] LUKEMIA RESEARCH, [5] FELICIA KAPLAN MEMORIAL FOUNDATION, AND [6] AMERICAN COMMITTEE FOR SHARE ZEDEK MEDICAL CENTER IN JERUSALEM PRIMARILY TO PURCHASE DIALYSIS MACHINES FOR USE IN ITS PEDIATRIC DIALYSIS DEPARTMENT. 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.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

Name of the organization

GREAT VEST SIDE CLUB OF CHICAGO

Employer identification number 30-0266773

| (a) Narm and like | Part IV List of Officers, Directors, Trustees, and Key Er | mployees. List each one ev | ven if not compensated. (s | see the instructions for | r Part IV.) |
|--|---|--|---|--------------------------|-------------|
| DICK MILLSTONE | (a) Name and title | (b) Average hours per week devoted to | (C) Reportable compensation (Forms W-2/1099-MISC) | | |
| HERBERT KANTER PRESIDENT & DIRECTOR 0.00 0. 0. 0. 1RVING SAVIN | | | | | |
| PRESIDENT & DIRECTOR 0.00 0. 0. 1RVING SAVIN | | 0.00 | 0. | 0. | 0. |
| IRVING SAVIN | | | | | |
| IRVING SAVIN DIRECTOR 0.00 0. 0. 0. 0. 0. 0. 0. 0. | PRESIDENT & DIRECTOR | 0.00 | 0. | 0. | 0. |
| DIRECTOR 0.00 0. 0. 0. 0. | IRVING SAVIN | | | | |
| | DIRECTOR | 0.00 | 0. | 0. | 0. |
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Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Form 4720 (individual)

Form 990-PF

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

09

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Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Name of exempt organization or other filer, see instructions. Type or print 30-0266773 GREAT VEST SIDE CLUB OF CHICAGO File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 2222 CHESTNUT AVE., NO. 101 return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. GLENVIEW, IL 60026 Enter the Return Code for the return that this application is for (file a separate application for each return) Return **Application Application** Return Code Is For Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08

03

Ω4

Form 5227

Form 4720 (other than individual)

| Forn | n 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 |
|------|---|------------|--|----------|----------------------|------------|
| Forn | n 990-T (trust other than above) | 06 | Form 8870 | | | 12 |
| • T | ARTHUR FARBER he books are in the care of > 950 AUGUSTA WAY | #313 | 8 - HIGHLAND PARK, I | :L 6(| 0035 | |
| | elephone No. > 312-813-4174 | | Fax No. ▶ | | | |
| | the organization does not have an office or place of business | in the Uni | · · · · · · · · · · · · · · · · · · · | | | • |
| | this is for a Group Return, enter the organization's four digit G | | | | | check this |
| box | | 1 | ch a list with the names and TINs of a | | | |
| | | | | | | |
| 1 | I request an automatic 6-month extension of time until | NOVE | MBER 16, 2020 , to file t | he exen | npt organization ret | urn for |
| | the organization named above. The extension is for the organization | nization's | return for: | | | |
| | ►X calendar year 2019 or | | | | | |
| | tax year beginning | , an | d ending | | | |
| | · — , • • • — — — — — — — — — — — — — — — | | <u> </u> | | | |
| 2 | If the tax year entered in line 1 is for less than 12 months, ch | neck reaso | on: Initial return Fi | nal retu | rn | |
| | Change in accounting period | | | | | |
| | | | | | | |
| 3a | If this application is for Forms 990-BL, 990-PF, 990-T, 4720, | or 6069, e | enter the tentative tax, less | | | |
| | any nonrefundable credits. See instructions. | | | 3a | \$ | 0. |
| b | If this application is for Forms 990-PF, 990-T, 4720, or 6069, | enter any | refundable credits and | | | |
| | estimated tax payments made. Include any prior year overpa | ayment all | owed as a credit. | 3b | \$ | 0. |
| С | Balance due. Subtract line 3b from line 3a. Include your pay | | | | | |
| | using EFTPS (Electronic Federal Tax Payment System). See | • | • • • • | 3c | \$ | 0. |

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2020)

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

| For Off | ce Use Only | ILLINOIS CHARITABLE ORGANIZATION ANNUAL | | | Form AG990-IL |
|------------|----------------------------------|---|--------------------------|----------------|---------------------------|
| PMT | # | Attorney General KWAME RAOUL State of III Charitable Trust Bureau, 100 West Rando | | # 01 | Revised 1/19 055158 |
| | | 11th Floor, Chicago, Illinois 60601 | | Check a | Il items attached: |
| AMT | | Report for the Fiscal Period: | X | Copy of | IRS Return |
| | | | Make Checks | Audited | Financial Statements |
| | | Beginning <u>01/01/2019</u> | Payable to | Copy of | Form IFC |
| INIT | | | the Illinois X | \$15.00 | Annual Report Filing Fee |
| | | & Ending <u>12/31/2019</u> | Bureau Fund | \$100.00 | Late Report Filing Fee |
| | alID# 30-0266773 | MO DAY YR | | | 0 DAY YR |
| Are co | entributions to the organization | tax deductible? X Yes No Date O | rganization was create | <u>d:</u> | 02/23/2004 |
| | LEGAL | | Year-end | | |
| | | F SIDE CLUB OF CHICAGO | amounts | ۸١۴ | 11,559. |
| | MAIL | PNUT AVE., NO. 101 | A) ASSETS B) LIABILITIES | A) \$ B) \$ | 11,559. |
| | STATE GLENVIEW, | | C) NET ASSETS | C) \$ | 11,559. |
| | P CODE 60026 | 10 | O) NET AOOETO | σ, φ | 11,555. |
| I. | | REVENUE ITEMS DURING THE YEAR: | PERCENTAGE | | AMOUNT |
| | D) PUBLIC SUPPORT, CONT | RIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.) | 54.867% | D) \$ | 19,294. |
| | E) GOVERNMENT GRANTS 8 | & MEMBERSHIP DUES | % | E) \$ | |
| | F) OTHER REVENUES | | 45.133% | F) \$ | 15,871. |
| | | | | | |
| l | | E AND CONTRIBUTIONS RECEIVED (ADD D, E, & F) | 100 % | G) \$ | 35,165. |
| H. | | EXPENDITURES DURING THE YEAR: | 12 062 | | 4 265 |
| | H) OPERATING CHARITABLE | E PROGRAM EXPENSE | 13.863% | H) \$ | 4,265. |
| | I) EDUCATION PROGRAM S | PEDVICE EVDENCE | % | 1) \$ | |
| | I) EDUCATION FROGRAM 3 | ELLANDE EXPENSE | /0 | 1) Ф | |
| | J) TOTAL CHARITABLE PRO | GRAM SERVICE EXPENSE (ADD H & I) | 13.863% | J) \$ | 4,265. |
| | , | , , | | | |
| | J1) JOINT COSTS ALLOCATED | D TO PROGRAM SERVICES (INCLUDED IN J): | | | |
| | K) GRANTS TO OTHER CHAP | RITABLE ORGANIZATIONS | 86.137% | K) \$ | 26,500. |
| | ., | | 100 000 | | 20 765 |
| | L) TOTAL CHARITABLE PRO | GRAM SERVICE EXPENDITURE (ADD J & K) | 100.000% | L) \$ | 30,765. |
| | M) MANAGEMENT AND GENE | ERAL EXPENSE | % | M) \$ | |
| | , | | | | |
| | N) FUNDRAISING EXPENSE | | % | N) \$ | |
| | 0) TOTAL EXPENDITURES T | HIS PERIOD (ADD L, M, & N) | 100 % | 0) \$ | 30,765. |
| ш | SUMMARY OF ALL P | PAID FUNDRAISER AND CONSULTANT ACTIVITIES: | | | |
| | | rt of Individual Fundraising Campaign- Form IFC. One for each PFR.) | | | |
| | PROFESSIONAL FUNDRAISER | | | Б, ф | 0 |
| | P) TOTAL AMOUNT RAISED | BY PAID PROFESSIONAL FUNDRAISERS | 100 % | P) \$ | 0. |
| | Q) TOTAL FUNDRAISERS FEI | ES AND EYDENSES | % | Q) \$ | |
| | W) TOTAL FORDIMIDENS FEI | ES AND EM ENOLO | /6 | -, Ψ | |
| | R) NET RECEIVED BY THE CI | HARITY (P MINUS Q=R) | % | R) \$ | |
| | PROFESSIONAL FUNDRAISIN | G CONSULTANTS; | | | |
| | | PROFESSIONAL FUNDRAISING CONSULTANTS | | S) \$ | 0. |
| IV. | | THE (3) HIGHEST PAID PERSONS DURING THE YE | AR: | T) A | |
| | T) NAME, TITLE: | | | T) \$ | |
| | U) NAME, TITLE: | | | U) \$ V) \$ | |
| | V) NAME, TITLE: | DAM DECODIDITION. CHARITARI E PROGRAM (3 HIGHEST BY \$ EVDENING | וח: | 1 | book aids of instruction |
| V . | CHARITABLE PROG | RAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDE CODE CATEGORIES | .5, | List on | back side of instructions |

W) DESCRIPTION: GRANTS TO OTHER CHARITABLE ORGANIZATIONS

998091 04-22-20

X) DESCRIPTION:

Y) DESCRIPTION:

List on back side of instructions CODE

150

W)#

X) # 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? 1. | | X |
| | | |
| 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? 2. | | X |
| | | |
| 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? 3. | | Х |
| | | |
| 4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE | | |
| THE 1997 OF THE 01/TOTAL PROPERTY. | Т | Х |
| THAN 10% OF THE OUTSTANDING SHARES? | | 1 |
| E LO ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMUNICIED MUTULTHE PROPERTY OF ANY OTHER REPORTS | | |
| 5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON | | 37 |
| OR ORGANIZATION? 5. | | X |
| - | | |
| 6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC) 6. | | X |
| | | |
| 7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS | | |
| BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? 7. | | X |
| | | |
| 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? 8. | | Х |
| | | |
| 9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR | | |
| REVOKED BY ANY GOVERNMENTAL AGENCY? 9. | | Х |
| | | |
| 10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, | | |
| COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS? | Т | Х |
| TO MINIMARINA ON MILOUDE OF ORGANIZATIONAL FORDO: | | |
| 11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS | | |
| THREE LARGEST ACCOUNTS: | | |
| THILL LANGEST ACCOUNTS. | | |
| CHASE BANK, 2030 SKOKIE VALLEY RD, HIGHLAND PARK, ILLINOIS 60035 | | |
| CHASE DANK, 2000 SKOKIE VALUET KD, HIGHDAND PAKK, ILLINOIS 00000 | | |
| | | |
| | | |
| | | |
| 20 MART AND THE PROPERTY OF CONTROL ADMITTED TO ADD THE TABLE TO A 174 | | |
| 12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: ARTHUR FARBER 312-813-4174 | | |
| 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.

HERBERT KANTER

PRESIDENT or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

ARTHUR FARBER

TREASURER or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

STEVEN EDELHEIT, CPA, CVA

998101 04-22-20

PREPARER (PRINT NAME)

SIGNATURE

DATE

EXTENDED TO NOVEMBER 16, 2020 **Short Form**

Form **990-EZ**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2019

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form, as it may be made public.
 Go to www.irs.gov/Form990EZ for instructions and the latest information.

| Α | For the | e 2019 calendar year, or tax year beginning | | | and ending | | | | | | |
|------------|-------------------|---|--|-----------|-----------------|--------------|--------------|---------|--------------------------------|--|--|
| В | Check if applicat | ck if icable: C Name of organization D Em | | | | | | | Employer identification number | | |
| | i i | dress change | | | | | | | | | |
| | Nam | ame change GREAT VEST SIDE CLUB OF CHICAGO | | | | | | | 266773 | | |
| | Initia | Number and street (or P.O. box if mail is not delivered to street address) Room/suite | | | | | | | number | | |
| | | return/ nated 2222 CHESTNUT AV | 8 | 47- | 396-9144 | | | | | | |
| | Ame | City or town, state or province, count | up Exe | mption | | | | | | | |
| | Applic | ation pending GLENVIEW, IL 60 | 026 | | | | Nur | nber 🕨 | • | | |
| G | Accou | | Other (specify) | | | | H Che | ck 🕨 | X if the organization is | | |
| | | te: WWW.GREATVESTSIDE. | ORG | | | | not | require | ed to attach Schedule B | | |
| J | Tax-ex | tempt status (check only one) — X 501(c)(3 | 3) 501(c) ()◀(insert no.) [| 49 | 47(a)(1) or [| 527 | (For | rm 990 | , 990-EZ, or 990-PF). | | |
| K | Form o | of organization: X Corporation Tru | st Association | Other | | | | | | | |
| L | Add Iir | es 5b, 6c, and 7b to line 9 to determine gross re | ceipts. If gross receipts are \$200,000 or | more, o | or if total ass | ets (Part II | Ι, | | | | |
| | columi | n (B)) are \$500,000 or more, file Form 990 instea | d of Form 990-EZ | | | |] | \$ | 68,244. | | |
| P | art I | Revenue, Expenses, and Char | ges in Net Assets or Fund | Balar | nces (see | the instru | ctions | for Par | t I) | | |
| | | Check if the organization used Schedule O to | respond to any question in this Part I | | | | | | X | | |
| | 1 | Contributions, gifts, grants, and similar amount | s received | | | | | 1 | 19,294. | | |
| | 2 | Program service revenue including government | | | | | | 2 | | | |
| | 3 | Membership dues and assessments | | | | | | 3 | | | |
| | 4 | Investment income | | | | | | 4 | | | |
| | 5a | Gross amount from sale of assets other than in | ventory | 5a | | 48,9 | | | | | |
| | b | Less: cost or other basis and sales expenses | | 5b | | 33,0 | 79. | | | | |
| | С | Gain or (loss) from sale of assets other than inv | ventory (subtract line 5b from line 5a) | | | | | 5c | 15,871. | | |
| | 6 | Gaming and fundraising events: | | | | | | | | | |
| Φ | a | a Gross income from gaming (attach Schedule G if greater than | | | | | | | | | |
| Revenue | | \$15,000) | | 6a | | | | | | | |
| eve | b | Gross income from fundraising events (not incl | | of con | tributions | | | | | | |
| ~ | | from fundraising events reported on line 1) (att | ach Schedule G if the sum of such | | | | | | | | |
| | | gross income and contributions exceeds \$15,00 | 00) | 6b | | | | | | | |
| | C | Less: direct expenses from gaming and fundrai | sing events | 6c | | | | | | | |
| | d | Net income or (loss) from gaming and fundrais | ing events (add lines 6a and 6b and sub | tract lin | e 6c) | | | 6d | | | |
| | 7a | Gross sales of inventory, less returns and allow | ances | 7a | | | | | | | |
| | b | Less: cost of goods sold | | 7b | | | | | | | |
| | C | Gross profit or (loss) from sales of inventory (s | | | | | | 7c | | | |
| | 8 | Other revenue (describe in Schedule 0) | | | | | | 8 | | | |
| _ | 9 | Total revenue . Add lines 1, 2, 3, 4, 5c, 6d, 7c, | and 8 | | | | | 9 | 35,165. | | |
| | 10 | Grants and similar amounts paid (list in Schedu | lle 0) SE | E S | CHEDUL | E O | | 10 | 26,500. | | |
| | 11 | Benefits paid to or for members | | | | | | 11 | | | |
| es | 12 | Salaries, other compensation, and employee be | | | | | r | 12 | F 0 0 | | |
| ens | 13 | Professional fees and other payments to indepe | | | | | | 13 | 500. | | |
| Expenses | 14 | Occupancy, rent, utilities, and maintenance | | | | | | 14 | 245 | | |
| ш | 13 | Printing, publications, postage, and shipping | | | | | | 15 | 345. | | |
| | 16 | | SE | | | | | 16 | 3,420. | | |
| _ | 17 | | | | | | | 17 | 30,765. | | |
| <u> 5</u> | 18 | Excess or (deficit) for the year (subtract line 17 | , | | | | | 18 | 4,400. | | |
| ssei | 19 | Net assets or fund balances at beginning of year | | | | | | 4.0 | 7 150 | | |
| Net Assets | | (must agree with end-of-year figure reported or | | | | | | 19 | 7,159. | | |
| Ne | 20 | Other changes in net assets or fund balances (e | , | | | | | 20 | 11 550 | | |
| | 21 | Net assets or fund balances at end of year. Con | ndine lines 18 through 20 | | | | | 21 | 11,559. | | |

Page 2

| | Balance Sheets (see the instructions for Part II) | | | | | |
|---|--|--|--|-------------------|---------------------------|---------------------------------|
| | Check if the organization used Schedule O to resp | ond to any questio | n in this Part II | | | |
| | | | (A) Beginning of year | | (B) E | nd of year |
| 22 Cash | h, savings, and investments | | 7,159 | • 22 | | 11,559. |
| | d and buildings | | | 23 | | |
| 24 Othe | er assets (describe in Schedule 0) | | | 24 | | |
| | ıl assets | | 7,159 | • 25 | | 11,559. |
| 26 Tota | ul liabilities (describe in Schedule 0) | | 0 | • 26 | | 0. |
| 27 Net | assets or fund balances (line 27 of column (B) must agree with line 21) | | 7,159 | • 27 | | 11,559. |
| Part III | Statement of Program Service Accomplishmen | its (see the instruc | tions for Part III) | • | Ex | penses |
| | Check if the organization used Schedule O to resp | ond to any questio | n in this Part III | X | (Required | for section |
| What is the | organization's primary exempt purpose? SEE ATTACHED S | | | | | and 501(c)(4) ons; optional for |
| | organization's program service accomplishments for each of its three largest program s | | s. In a clear and concise | | others.) | ono, optional for |
| | ribe the services provided, the number of persons benefited, and other relevant information | | | | | |
| 28 SEE | SCHEDULE O | | | | | |
| | | | | | | |
| | | | | | | |
| (Grant | ts\$ 24,500.) If this amount includes foreign g | rants, check here | • | $\overline{\Box}$ | 28a | 28,443. |
| | SCHEDULE O | , | | | | • |
| | | | | | | |
| | | | | | | |
| (Grant | ts\$ 1,000.) If this amount includes foreign of | arants check here | • | \Box | 29a | 1,161. |
| <u> </u> | SCHEDULE O | grants, or took more | | | 200 | |
| 00 <u>===</u> | | | | | | |
| | | | | | | |
| (Grant | ts\$ 1,000.) If this amount includes foreign of | grants chack hara | | $\overline{\Box}$ | 30a | 1,161. |
| | and the state of t | | | | 00a | |
| (Grant | | rranta abady bara | | | 31a | |
| | | grants, check here | | | 32 | 30,765. |
| Part IV | List of Officers, Directors, Trustees, and Key E | mplovees (list each one | a even if not compensated - | coo the i | netructions fo | r Part IV |
| 1 art iv | Check if the organization used Schedule O to resp | | | see trie ii | iistructions to | X |
| | Greek if the organization used conedule of to resp | (b) Average hours | | (d) He | alth benefits, | (e) Estimated |
| | (a) Name and title | per week devoted to | (C) Reportable compensation (Forms | ` ćontr | ibutions to | amount of other |
| | (a) Name and title | 1 ' | W-2/1099-MISC) | | | |
| WITII | | position | (if not paid, enter -0-) | plans, a | and deferred | compensation |
| | AM WOLOGHIN | position | | plans, a | | |
| りいてレン | AM WOLOSHIN | | (if not paid, enter -0-) | plans, a | and deferred pensation | compensation |
| | TARY & DIRECTOR | position | | plans, a | and deferred | |
| CHARL | TARY & DIRECTOR ES ORLOFF | 0.00 | (if not paid, enter -0-) | plans, a | and deferred pensation | compensation 0 • |
| CHARL DIREC | TARY & DIRECTOR ES ORLOFF TOR | | (if not paid, enter -0-) | plans, a | and deferred pensation | compensation |
| CHARL DIREC BUD S | TARY & DIRECTOR ES ORLOFF TOR OLK | 0.00 | (if not paid, enter -0-) 0 • | plans, a | 0 • | compensation 0. |
| CHARL DIREC BUD S VICE | TARY & DIRECTOR ES ORLOFF TOR OLK PRESIDENT & DIRECTOR | 0.00 | (if not paid, enter -0-) | plans, a | and deferred pensation | compensation 0 • |
| CHARL DIREC BUD S VICE VICTO | TARY & DIRECTOR ES ORLOFF TOR OLK PRESIDENT & DIRECTOR R ELIAS | 0.00 | (if not paid, enter -0-) 0 • 0 • | plans, a | 0 . 0 . | ompensation 0. 0. |
| CHARL DIREC BUD S VICE VICTO VICTO | TARY & DIRECTOR ES ORLOFF TOR OLK PRESIDENT & DIRECTOR R ELIAS PRESIDENT & DIRECTOR | 0.00 | (if not paid, enter -0-) 0 • | plans, a | 0 • | compensation 0. |
| CHARL DIREC BUD S VICE VICTO VICE HOWAR | TARY & DIRECTOR ES ORLOFF TOR OLK PRESIDENT & DIRECTOR R ELIAS PRESIDENT & DIRECTOR D FALK | 0.00 | (if not paid, enter -0-) 0 • 0 • 0 • | plans, a | 0 . 0 . 0 . | ompensation 0. 0. 0. |
| CHARL DIREC BUD S VICE VICTO VICE HOWAR DIREC | TARY & DIRECTOR ES ORLOFF TOR OLK PRESIDENT & DIRECTOR R ELIAS PRESIDENT & DIRECTOR D FALK TOR | 0.00 | (if not paid, enter -0-) 0 • 0 • | plans, a | 0 . 0 . | ompensation 0. 0. |
| CHARL DIREC BUD S VICE VICTO VICE HOWAR DIREC ARTHU | TARY & DIRECTOR ES ORLOFF TOR OLK PRESIDENT & DIRECTOR R ELIAS PRESIDENT & DIRECTOR D FALK TOR R FARBER | 0.00 0.00 0.00 0.00 | (if not paid, enter -0-) 0 • 0 • 0 • 0 • | plans, a | 0. 0. 0. | O. O. O. |
| CHARL DIREC BUD S VICE VICTO VICE HOWAR DIREC ARTHU TREAS | TARY & DIRECTOR ES ORLOFF TOR OLK PRESIDENT & DIRECTOR R ELIAS PRESIDENT & DIRECTOR D FALK TOR R FARBER URER & DIRECTOR | 0.00 | (if not paid, enter -0-) 0 • 0 • 0 • | plans, a | 0 . 0 . 0 . | ompensation 0. 0. 0. |
| CHARL DIREC BUD S VICE VICTO VICE HOWAR DIREC ARTHU TREAS NED L | TARY & DIRECTOR ES ORLOFF TOR OLK PRESIDENT & DIRECTOR R ELIAS PRESIDENT & DIRECTOR D FALK TOR R FARBER URER & DIRECTOR | 0.00 0.00 0.00 0.00 0.00 | (if not paid, enter -0-) 0 • 0 • 0 • 0 • | plans, a | O. O. O. | o. O. O. O. O. |
| CHARL DIREC BUD S VICE VICTO VICE HOWAR DIREC ARTHU TREAS NED L DIREC | TARY & DIRECTOR ES ORLOFF TOR OLK PRESIDENT & DIRECTOR R ELIAS PRESIDENT & DIRECTOR D FALK TOR R FARBER URER & DIRECTOR UFRANO TOR | 0.00 0.00 0.00 0.00 | (if not paid, enter -0-) 0 • 0 • 0 • 0 • | plans, a | 0. 0. 0. | O. O. O. |
| CHARL DIREC BUD S VICE VICTO VICE HOWAR DIREC ARTHU TREAS NED L DIREC STEPH | TARY & DIRECTOR ES ORLOFF TOR OLK PRESIDENT & DIRECTOR R ELIAS PRESIDENT & DIRECTOR D FALK TOR R FARBER URER & DIRECTOR UFRANO TOR EN PATT | 0.00 0.00 0.00 0.00 0.00 | (if not paid, enter -0-) 0 | plans, a | O. O. O. O. | 0. 0. 0. 0. 0. 0. |
| CHARL DIREC BUD S VICE VICTO VICE HOWAR DIREC ARTHU TREAS NED L DIREC STEPH RECOR | TARY & DIRECTOR ES ORLOFF TOR OLK PRESIDENT & DIRECTOR R ELIAS PRESIDENT & DIRECTOR D FALK TOR R FARBER URER & DIRECTOR UFRANO TOR EN PATT DING SECRETARY & DIRE | 0.00 0.00 0.00 0.00 0.00 | (if not paid, enter -0-) 0 • 0 • 0 • 0 • | plans, a | O. O. O. | o. O. O. O. O. |
| CHARL DIREC BUD S VICE VICTO VICE HOWAR DIREC ARTHU TREAS NED L DIREC STEPH RECOR ED RE | TARY & DIRECTOR ES ORLOFF TOR OLK PRESIDENT & DIRECTOR R ELIAS PRESIDENT & DIRECTOR D FALK TOR R FARBER URER & DIRECTOR UFRANO TOR EN PATT DING SECRETARY & DIRE | 0.00 0.00 0.00 0.00 0.00 0.00 | (if not paid, enter -0-) 0 | plans, a | O. O. O. O. | 0. 0. 0. 0. 0. 0. 0. |
| CHARL DIREC BUD S VICE VICTO VICE HOWAR DIREC ARTHU TREAS NED L DIREC STEPH RECOR ED RE DIREC | TARY & DIRECTOR ES ORLOFF TOR OLK PRESIDENT & DIRECTOR R ELIAS PRESIDENT & DIRECTOR D FALK TOR R FARBER URER & DIRECTOR UFRANO TOR EN PATT DING SECRETARY & DIRE ICIN TOR | 0.00 0.00 0.00 0.00 0.00 | (if not paid, enter -0-) 0 | plans, a | O. O. O. O. | 0. 0. 0. 0. 0. 0. |
| CHARL DIREC BUD S VICE VICTO VICE HOWAR DIREC ARTHU TREAS NED L DIREC STEPH RECOR ED RE DIREC | TARY & DIRECTOR ES ORLOFF TOR OLK PRESIDENT & DIRECTOR R ELIAS PRESIDENT & DIRECTOR D FALK TOR R FARBER URER & DIRECTOR UFRANO TOR EN PATT DING SECRETARY & DIRE | 0.00 0.00 0.00 0.00 0.00 0.00 | (if not paid, enter -0-) 0 | plans, a | O. O. O. O. | 0. 0. 0. 0. 0. 0. 0. |
| CHARL DIREC BUD S VICE VICTO VICE HOWAR DIREC ARTHU TREAS NED L DIREC STEPH RECOR ED RE DIREC | TARY & DIRECTOR ES ORLOFF TOR OLK PRESIDENT & DIRECTOR R ELIAS PRESIDENT & DIRECTOR D FALK TOR R FARBER URER & DIRECTOR UFRANO TOR EN PATT DING SECRETARY & DIRE ICIN TOR | 0.00 0.00 0.00 0.00 0.00 0.00 | (if not paid, enter -0-) 0 | plans, a | O. O. O. O. | 0. 0. 0. 0. 0. 0. 0. |
| CHARL DIREC BUD S VICE VICTO VICE HOWAR DIREC ARTHU TREAS NED L DIREC STEPH RECOR ED RE DIREC LARRY DIREC | TARY & DIRECTOR ES ORLOFF TOR OLK PRESIDENT & DIRECTOR R ELIAS PRESIDENT & DIRECTOR D FALK TOR R FARBER URER & DIRECTOR UFRANO TOR EN PATT DING SECRETARY & DIRE ICIN TOR | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 | (if not paid, enter -0-) 0 | plans, a | o. o. o. o. o. o. o. | 0. 0. 0. 0. 0. 0. 0. 0. |
| CHARL DIREC BUD S VICE VICTO VICE HOWAR DIREC ARTHU TREAS NED L DIREC STEPH RECOR ED RE DIREC LARRY DIREC | TARY & DIRECTOR ES ORLOFF TOR OLK PRESIDENT & DIRECTOR R ELIAS PRESIDENT & DIRECTOR D FALK TOR R FARBER URER & DIRECTOR UFRANO TOR EN PATT DING SECRETARY & DIRE ICIN TOR SCHAFFEL TOR IP WITT | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 | (if not paid, enter -0-) 0 | plans, a | o. o. o. o. o. o. o. | 0. 0. 0. 0. 0. 0. 0. 0. |
| CHARL DIREC BUD S VICE VICTO VICE HOWAR DIREC ARTHU TREAS NED L DIREC STEPH RECOR ED RE DIREC LARRY DIREC PHILL | TARY & DIRECTOR ES ORLOFF TOR OLK PRESIDENT & DIRECTOR R ELIAS PRESIDENT & DIRECTOR D FALK TOR R FARBER URER & DIRECTOR UFRANO TOR EN PATT DING SECRETARY & DIRE ICIN TOR SCHAFFEL TOR IP WITT | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 | (if not paid, enter -0-) 0 | plans, a | o. o. o. o. o. o. o. o. | 0. 0. 0. 0. 0. 0. 0. 0. 0. |

| | instructions for Part V.) Check if the organization used Sch. O to respond to any question in this | Part | V | X |
|------|--|------|---------|--------|
| | | | Yes | No |
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each | | | |
| | activity in Schedule 0 | 33 | | Х |
| 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 | | Х |
| 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)? | 35a | | Х |
| b | If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | 35b | N/ | |
| C | 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 | 35c | | 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 |
| 37 a | Enter amount of political expenditures, direct or indirect, as described in the instructions \blacksquare 37a \blacksquare 0. | | | |
| | Did the organization file Form 1120-POL for this year? | 37b | | Х |
| | 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? | 38a | | Х |
| b | If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A | | | |
| 39 | Section 501(c)(7) organizations. Enter: | 1 | | |
| а | Initiation fees and capital contributions included on line 9 39a N/A | | | |
| b | Gross receipts, included on line 9, for public use of club facilities 39b N/A | 1 | | |
| 40 a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: | 1 | | |
| | section 4911 ▶ 0 • ; section 4912 ▶ ; section 4955 ▶ | | | |
| b | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit | | | |
| | 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 | 40b | | Х |
| C | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on | | | |
| | organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | | |
| d | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed | | | |
| | by the organization $lacksquare$ | | | |
| е | 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 | 40e | | X |
| 41 | List the states with which a copy of this return is filed $ ightharpoonup$ IL | | | |
| 42 a | The organization's books are in care of \blacktriangleright ARTHUR FARBER Telephone no. \blacktriangleright 312-81 | | | |
| | Located at ▶ 950 AUGUSTA WAY #313, HIGHLAND PARK, IL ZIP+4 ▶ 6 | 003 | 5 | |
| 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 | | Yes | |
| | account)? | 42b | | Х |
| | If "Yes," enter the name of the foreign country | | | |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | 77 |
| C | At any time during the calendar year, did the organization maintain an office outside the United States? | 42c | | X |
| 40 | If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here | | | |
| 43 | | | 🖊 | Ш |
| | and enter the amount of tax-exempt interest received or accrued during the tax year | N/A | | |
| | | | Yes | No |
| 44. | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of | | 163 | 140 |
| 44 d | | 44a | | Х |
| h | Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead | 448 | | 21 |
| IJ | | 44b | | Х |
| r | of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? | 44c | | X |
| | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation | 770 | | |
| u | in Schedule 0 | 44d | | |
| 45 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | Х |
| | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section | 104 | | |
| , | 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions | 45b | | |
| | | | 90-EZ (| (2019) |

| 40 | District. | and the state of t | and the second second second section is a second se | and balant at an in | | didakan famas | | | Yes | NO |
|-------|-----------|--|--|-----------------------------|----------------------|---------------------------|-----------------------------------|----------|---------------------|-----------|
| 46 | | organization engage, directly or indirectly, in complete Schedule C, Part I | political campaign activities | | | • | | 46 | | X |
| Pa | rt VI | Section 501(c)(3) Organization | ns Only | | | | | 70 | | |
| | | All section 501(c)(3) organizations mus | | 9b and 52, and | complete the ta | bles for lines | s 50 and 51. | | | |
| | | Check if the organization used Schedu | ule O to respond to any o | question in this | Part VI | | | | | |
| | | | | | | | | | Yes | No |
| 47 | | organization engage in lobbying activities or l | | | | | | 47 | | _X_ |
| 48 | | ganization a school as described in section 1 | | | | | | 48 | | X |
| | | organization make any transfers to an exemp | | | | | | 49a | | <u>X</u> |
| | | was the related organization a section 527 or | | | | | | 49b | | |
| 50 | • | e this table for the organization's five highes | | | s, directors, truste | es, and key er | nployees) who ea | ich red | ceived n | nore |
| | than \$10 | 10,000 of compensation from the organization | | | hours (a) | | (d) Health benefits | T /- | \ Fatim | |
| | | (a) Name and title of each employed | ee | (b) Average per week dev | nted to compé | Reportable nsation (Forms | contributions to employee benefit | 1 000 | e) Estim ount of | |
| | | NC | ONE | positio | I W-2 | /1099-MISC) | plans, and deferred | | mpensa | |
| | | 140 | JILL . | | | | compensation | + | | |
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| | organiza | e this table for the organization's five highes tion. If there is none, enter "None." NC Name and business address of each indepen | ONE | | (b) Type o | | | | ensation | <u> </u> |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| ч | Total nu | mber of other independent contractors each | receiving over \$100 000 | | | | l . | | | |
| 52 | | organization complete Schedule A? Note ; All | - | tions must attach | | | | | | |
| - | | ed Schedule A | . , , , - | | u | | ▶ □ | ΧΥ | es 🗀 | No |
| Unde | | s of perjury, I declare that I have examined t | | | s and statements. | and to the bes | | | | |
| | • | and complete. Declaration of preparer (other | , , | . , , | , | | , | | , | |
| | | | , | | | | | | | |
| Sig | | Signature of officer | | | | | Date | | | |
| He | re | HERBERT KANTER, PR | RESIDENT | | | | | | | |
| | | Type or print name and title | | | T = . | l aı : = | | | | |
| | | Print/Type preparer's name | Preparer's signature | | Date | Check |] if PTIN | | | |
| Pai | d | STEVEN EDELHEIT, | STEVEN EDEI | - | 06/00/05 | self- emplo | | | | |
| Pre | parer | CPA, CVA | CPA, CVA | | 06/29/20 | | P001 | | | |
| Us | Only | Firm's name CTM CPAS & | | | | | 36-278 | | | |
| | | Firm's address ONE OVERLO | | | | Phone no. | 847-444 | # – T | 040 | |
| N / - | 1h 1DO . | ! | IRE, IL 60069 | · | | | <u> </u> | ⊽ | | ٦ |
| way | ine iKS d | iscuss this return with the preparer shown a | nove? See instructions | | | | | Χ γ | | <u>No</u> |
| | | | | | | | | -orm 🤉 | 990-F7 | 70191 |

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number GREAT VEST SIDE CLUB OF CHICAGO 30-0266773 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 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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. 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 beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization'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 | | | | | | |
| | 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. | | | | | | |
| | etion B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| | Amounts from line 4 | (, = | (-, | (-, | (-, | (-) | (-) |
| 8 | Gross income from interest, | | | | | | |
| _ | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| Ū | 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 VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| | Gross receipts from related activities, | etc (see instruction | nne) | | | 12 | |
| | First five years. If the Form 990 is for | • | | d fourth or fifth to | | | |
| | organization, check this box and stop | ŭ | | · | • | | |
| Sec | tion C. Computation of Publi | c Support Per | rcentage | | | | |
| | Public support percentage for 2019 (li | | | column (f)) | | 14 | % |
| | Public support percentage from 2018 | | • | *** | | 15 | % |
| | 33 1/3% support test - 2019. If the c | | | | | nore, check this bo | |
| | stop here. The organization qualifies | - | | | | , | ▶ □ |
| b | 33 1/3% support test - 2018. If the c | | - | | | | |
| | and stop here. The organization quali | | | | | | . □ |
| 17a | 10% -facts-and-circumstances test | • | | | | | |
| | and if the organization meets the "fac | | | | | | |
| | meets the "facts-and-circumstances" | | | - | • | it viriow the organ | ▶ □ |
| h | 10% -facts-and-circumstances test | _ | • | | - | | |
| J | more, and if the organization meets th | _ | - | | | | |
| | organization meets the "facts-and-circ | | • | | • | | |
| 18 | Private foundation. If the organization | | - | • | | | |
| 10 | ate roundation. If the organizatio | i aia noi oncon a | DON OH HITE TO, TO | u, 100, 17a, Ul 171 | | adula A /Farm 000 | |

Schedule A (Form 990 or 990-EZ) 2019

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Se | ction A. Public Support | ,, | , | | | | |
|------------|--|---|----------------------|------------------------|---------------------|--------------------|-------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 75,847. | 32,541. | 36,153. | 20,535. | 19,294. | 184,370. |
| 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 bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | 39,539. | 39,214. | 37,768. | 49,700. | 48,950. | 215,171. |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | 115,386. | 71,755. | 73,921. | 70,235. | 68,244. | 399,541. |
| 7 <i>a</i> | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0. |
| t | 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 | | | | | | 0. |
| c | Add lines 7a and 7b | | | | | | 0. |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | 399,541. |
| Sec | ction B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 115,386. | 71,755. | 73,921. | 70,235. | 68,244. | 399,541. |
| b | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| | 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 VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | 115,386. | 71,755. | 73,921. | 70,235. | 68,244. | 399,541. |
| 14 | First five years. If the Form 990 is for | the organization's | first, second, third | , fourth, or fifth tax | k year as a section | 501(c)(3) organiza | ation, |
| _ | check this box and stop here | | | | | | > |
| | ction C. Computation of Publi | | | | | | 100 00 |
| | Public support percentage for 2019 (li | , | , | (,, | | | 100.00 % |
| | Public support percentage from 2018 ction D. Computation of Inves | | | | | 16 | 100.00 % |
| | | | | - 40 1 (6) | | 47 | 00 % |
| | Investment income percentage for 20 | | | | | 17 | .00 % |
| | Investment income percentage from 2 | | | | | 18 | % |
| 198 | a 33 1/3% support tests - 2019. If the | | | | | | ► ▽ |
| t | more than 33 1/3%, check this box ar 33 1/3% support tests - 2018. If the | organization did no | ot check a box on | line 14 or line 19a, | and line 16 is mor | re than 33 1/3%, a | nd |
| | line 18 is not more than 33 1/3%, che | | | | | | > |

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | Yes | No |
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| Pa | rt IV Supporting Organizations _(continued) | | | |
|-----|--|-----------|-----|----|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| С | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| _ | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| 000 | tion of Type in Supporting Organizations | | Yes | No |
| 4 | Ware a majority of the examination's directors or trustees during the tay year also a majority of the directors | | 162 | NO |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | _ | | |
| 800 | the supported organization(s). tion D. All Type III Supporting Organizations | 1 | | |
| 360 | tion b. All Type in Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | - | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) | - | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst | ructions) |) | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | | |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | | |
| | activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| u | trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | <u> </u> | | |
| 5 | of its supported organizations? If #Vos # describe in Part VI the release to the policies, programs, and activities of each | 3h | | |

| Pai | t V Type III Non-Functionally Integrated 509(a)(3) Supportin | g Organi | zations | |
|------|---|---------------|-----------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | g trust on N | lov. 20, 1970 (explain in F | Part VI). See instructions. A |
| | other Type III non-functionally integrated supporting organizations must co | mplete Sec | tions A through E. | T |
| Sect | on A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| _3_ | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| _7_ | Other expenses (see instructions) | 7 | | |
| _8_ | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | on B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| c | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other | | | |
| | factors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| _3_ | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| _5_ | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| _6_ | Multiply line 5 by .035. | 6 | | |
| _7_ | Recoveries of prior-year distributions | 7 | | |
| _8_ | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | on C - Distributable Amount | | | Current Year |
| _1_ | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functional | ly integrated | d Type III supporting orga | anization (see |

Schedule A (Form 990 or 990-EZ) 2019

instructions).

| Par | t V Type III Non-Functionally Integrated 509(| a)(3) Supporting Orga | nizations (continued) | <u> </u> |
|----------|--|------------------------------|--|---|
| Secti | on D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exer | mpt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | t purposes of supported | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | s of supported organizations | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which the | e organization is responsive | | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2019 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
| 1 | Distributable amount for 2019 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2019 (reason- | | | |
| | able cause required- explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2019 | | | |
| | From 2014 | | | |
| | From 2015 | | | |
| | From 2016 | | | |
| | From 2017 | | | |
| | From 2018 | | | |
| | Total of lines 3a through e | | | |
| | Applied to underdistributions of prior years | | | |
| | Applied to 2019 distributable amount | | | |
| <u> </u> | Carryover from 2014 not applied (see instructions) | | | |
| | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2019 from Section D, line 7: | | | |
| | Applied to underdistributions of prior years | | | |
| | Applied to 2019 distributable amount | | | |
| | Remainder. Subtract lines 4a and 4b from 4. | | | |
| | Remaining underdistributions for years prior to 2019, if | | | |
| - | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2019. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2020. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| а | Excess from 2015 | | | |
| b | Excess from 2016 | | | |
| С | Excess from 2017 | | | |
| d | Excess from 2018 | | | |
| е | Excess from 2019 | | | |

Schedule A (Form 990 or 990-EZ) 2019

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

GREAT VEST SIDE CLUB OF CHICAGO

Employer identification number 30-0266773

| GREAT VEST SIDE CLUB OF CHICAGO | 30-0266773 |
|--|---|
| FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS | PAID: |
| ACTIVITY CLASSIFICATION: CHARITABLE CONTRIBUTIONS OR GIFT | S HAVE BEEN MADE |
| TO THE FOLLOWING 501(C)(3) | |
| GRANTEE NAME: AFMDA (AMERICAN FRIENDS OF MAGEN DAVID ADOM |) |
| GRANTEE ADDRESS: 3175 COMMERCIAL AVENUE SUITE 101 NORTHBR | OOK, IL 60062 |
| AMOUNT GIVEN: | 24,500. |
| ACTIVITY CLASSIFICATION: CHARITABLE CONTRIBUTIONS OR GIFT | S HAVE BEEN MADE |
| TO THE FOLLOWING 501(C)(3) | |
| GRANTEE NAME: TEMPLE BETH ISRAEL | |
| GRANTEE ADDRESS: 3601 DEMPSTER ST. SKOKIE , IL 60076 | |
| AMOUNT GIVEN: | 1,000. |
| | |
| ACTIVITY CLASSIFICATION: CHARITABLE CONTRIBUTIONS OR GIFT | S HAVE BEEN MADE |
| TO THE FOLLOWING 501(C)(3) | |
| GRANTEE NAME: ANTI DEFAMATION LEAGUE | |
| GRANTEE ADDRESS: 605 3RD AV. NEW YORK , NY 10158 | |
| AMOUNT GIVEN: | 1,000. |
| TOTAL INCLUDED ON FORM 990-EZ, LINE 10 | 26,500. |
| FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: | |
| DESCRIPTION OF OTHER EXPENSES: | AMOUNT: |
| TELEPHONE AND OFFICE | 1,574. |
| INSURANCE | 944. |
| WEBSITE SERVICES | 205. |
| LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. | edule O (Form 990 or 990-E Z) (2019 |

932211 09-06-19

| Name of the organization GREAT VEST SIDE CLUB OF CHICAGO | Employer identification number 30-0266773 |
|--|--|
| MISCELLANEOUS | 697. |
| TOTAL TO FORM 990-EZ, LINE 16 | 3,420. |
| FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISH | MENTS: |
| CHARITABLE CONTRIBUTIONS OR GIFTS HAVE BEEN MADE TO THE | |
| FOLLOWING 501(C)(3) | |
| AFMDA (AMERICAN FRIENDS OF MAGEN DAVID ADOM) | |
| 3175 COMMERCIAL AVE, SUITE 101, NORTHBROOK, IL 60062 | |
| FEIN: 13-1790719 | |
| FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISE | MENTS: |
| CHARITABLE CONTRIBUTIONS OR GIFTS HAVE BEEN MADE TO THE | |
| FOLLOWING 501(C)(3) | |
| TEMPLE BETH ISRAEL | |
| 3601 DEMPSTER ST. SKOKIE IL 60076 | |
| 36-2469780 | |
| | |
| | |
| FORM 990-EZ, PART III, LINE 30, PROGRAM SERVICE ACCOMPLISH | MENTS: |
| CHARITABLE CONTRIBUTIONS OR GIFTS HAVE BEEN MADE TO THE | |
| FOLLOWING 501(C)(3) | |
| ANTI DEFAMATION LEAGUE | |
| 605 3RD AV. NEW YORK NY 10158 | |
| 13-2887439 | |
| | |
| FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE | |
| MEMBERSHIP IN THE GREAT VEST SIDE CLUB OF CHICAGO ("GSV") | IS OPEN TO |
| THE PUBLIC OF THE PEOPLE WHO WERE BORN BETWEEN APPROXIMATE 932212 09-06-19 Scher | LY 1922 AND dule O (Form 990 or 990-EZ) (2019 |

Employer identification number Name of the organization GREAT VEST SIDE CLUB OF CHICAGO 30-0266773 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 VARIOUS APPROVED 501(C)(3) CHARITIES. THEBOARD OF DIRCTRORS 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 MAGEN DAVID ADOM" OR "ARMDA". ARMDA IS AN APPROVED 501(C)(3) NON-PROFIT ORGANIZATION WHICH SERVES AS THE STATE OF ISRAEL'S EMERGENCY MEDICAL, DISASTER, AMBULANDE, BLOOD AND HEALTHCARE NETWORK. GIFTS TO ARMDA BY THE GVS HAS BEEN USED PRIMARILY TO FUND THE PURCHASES OF AMBULANCES FOR USE IN ISRAEL. OTHER APPROVED 501(C)(3) ORGANIZATIONS THAT HAVE RECEIVED GIFTS FROM THE GVS INCLUDE [1] ISRAEL CANCER RESEARCH FUND, [2] ISRAEL TENNIS FOUNDATION, [3] WETA PUBLIC TELEVISION, [4] LUKEMIA RESEARCH, [5] FELICIA KAPLAN MEMORIAL FOUNDATION, AND [6] AMERICAN COMMITTEE FOR SHARE ZEDEK MEDICAL CENTER IN JERUSALEM PRIMARILY TO PURCHASE DIALYSIS MACHINES FOR USE IN ITS PEDIATRIC DIALYSIS DEPARTMENT. 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.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

Page 2 Schedule O (Form 990 or 990-EZ) Name of the organization **Employer identification number** GREAT VEST SIDE CLUB OF CHICAGO 30-0266773 Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.) (d) Health benefits, contributions to employee benefit plans, and deferred (b) Average hours (C) Reportable (e) Estimated compensation (Forms W-2/1099-MISC) per week devoted to amount of other (a) Name and title position compensation (If not paid, enter -0-) DICK MILLSTONE 0. DIRECTOR 0.00 0. 0. HERBERT KANTER PRESIDENT & DIRECTOR 0. 0. 0. 0.00 IRVING SAVIN DIRECTOR 0.00 0. 0. 0.