Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

Inspection

Open to Public

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

▶ Do not enter Social Security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Ā	For the	2013 calenda	ar year, or tax year beginning July 1, 2013, and endir	ıg	June :	30 , 2	0 14
В	Check if ap	pplicable:	C Name of organization	D	Employer i	dentification num	ber
	Address c	dress change Harvard Club of Chicago				36-6110239	
						number	
\mathbb{H}	Initial retu		8	47-256-1211			
\equiv	Terminate Amended		City or town, state or province, country, and ZIP or foreign postal code	F	Group Ex	emption	
=		on pending	Kenilworth, IL 60043-0350		Number	>	
			✓ Cash	H Ch	neck ▶ 🔽	if the organizati	ion is not
	Nebsite		harvardclubchicago.org	ı		ttach Schedule E	
J T	ax-exen		ck only one) — ✓ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	(Fo	orm 990, 99	90-EZ, or 990-P	F).
			✓ Corporation ☐ Trust ☐ Association ☐ Other				-
			7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if	total a	ssets		
(Pa	rt II, col	umn (B) belov	v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		. ▶	\$	122,936
Р	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see	the in	struction	s for Part I)	10.
		Check if	the organization used Schedule O to respond to any question in this Pa	art I.			
	1		ns, gifts, grants, and similar amounts received				13,331
	2		ervice revenue including government fees and contracts		. 2		72,105
	3	-	p dues and assessments		. 3		37,327
	4	Investment	income		. 4		173
	5a	Gross amo	unt from sale of assets other than inventory 5a		0		
	b	Less: cost	or other basis and sales expenses		0		
	С	Gain or (los	ss) from sale of assets other than inventory (Subtract line 5b from line 5a) .		. 5c		0
	6		d fundraising events				
	а	Gross inco	ome from gaming (attach Schedule G if greater than				
e		\$15,000) .	6a		0		
Revenue	b	Gross inco	me from fundraising events (not including \$ 0 of contribu	tions			
Re			aising events reported on line 1) (attach Schedule G if the				
_		sum of suc	h gross income and contributions exceeds \$15,000) 6b		0		
	С		t expenses from gaming and fundraising events 6c		0		
	d	Net income	e or (loss) from gaming and fundraising events (add lines 6a and 6b and	subtr	act		
		line 6c) .			· 6d		0
	7a	Gross sales	s of inventory, less returns and allowances		0		
	b		of goods sold		0		
	С	Gross prof	t or (loss) from sales of inventory (Subtract line 7b from line 7a)		. 7с		0
	8	Other rever	nue (describe in Schedule O)		. 8		0
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶ 9		122,936
	10	Grants and	similar amounts paid (list in Schedule O)		. 10		11,963
	11		iid to or for members		. 11		0
es	12	Salaries, of	her compensation, and employee benefits		. 12		0
Expenses	13		al fees and other payments to independent contractors				5,500
g	14	Occupancy	y, rent, utilities, and maintenance		. 14		720
ш	15		ublications, postage, and shipping				38,126
	16		nses (describe in Schedule O)				70,433
_	17		nses. Add lines 10 through 16				126,715
Ş	18		deficit) for the year (Subtract line 17 from line 9)				<3,779>
set	19		or fund balances at beginning of year (from line 27, column (A)) (must ag				
As		-	r figure reported on prior year's return)				21,624
Net Assets	20		ges in net assets or fund balances (explain in Schedule O)				<29>
_	21	Net assets	or fund balances at end of year. Combine lines 18 through 20		▶ 21		17,816

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Pa	rt II Balance Sheets (see the instructions	for Part II)				
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		🗸
				(A) Beginning of year	<u> </u>	(B) End of year
22	Cash, savings, and investments			84,021		77,102
23	Land and buildings				23	0
24	Other assets (describe in Schedule O)			8,802	$\overline{}$	10,073
25	Total assets			92,823		87,175
26				71,199		69,359
27	Net assets or fund balances (line 27 of column			21,624	27	17,816
Par		•		•		Expenses
\//bat	Check if the organization used Schedule t is the organization's primary exempt purpose?	See Schedule O.	ny question in this	Part III 🔽		quired for section (c)(3) and 501(c)(4)
						anizations and section
as m	ribe the organization's program service accompline asured by expenses. In a clear and concise mons benefited, and other relevant information for each	nanner, describe th				7(a)(1) trusts; optional thers.)
28	Education: Over 10,000 Harvard alumni/ae in the are	a are invited to parti	cipate in Club activiti	es. Annual paid		
	membership ranges from 1,100 to 1,200. In FY14 the	Club presented ove	26 programs with a	ttendance		
	ranging from 10-200 each and total participation of o					
	<u>· </u>		ants, check here .		28a	56,815
29	Scholarship: The Club donated \$6,306 for scholarsh	ips for Chicago-area	Harvard freshmen.			
	/O					
	(Grants \$ 6,306) If this amount				29a	6,306
30	Admissions: Approximately 250 alumni/ae volunteer					
	College each year, out of which about 45-55 are adm	itted by Harvard Coll	ege.			
	(Grants \$) If this amount	includes foreign ar	ants, check here .		30a	2 220
21	Other program services (describe in Schedule O)				Sua	3,338
31	(Grants \$ 5,657) If this amount				31a	E 657
32	Total program service expenses (add lines 28a				32	5,657 72,116
Pari						
	Check if the organization used Schedule					
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISO (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and	'	Estimated amount of other compensation
D : 1	Or I W. W. A Davidson		(ii not paid, enter 0)	deferred compensation	+	
	, Stephen W Vice President	-				0
	O. Box 350, Kenilworth, IL 60043-0350	4	()	0	0
	an, Nancy - Director . O. Box 350, Kenilworth, IL 60043-0350					0
		2	()	0	0
	stine, Richard C Director . O. Box 350, Kenilworth, IL 60043-0350	.			0	0
	, Shu Yan - Director				+	
	O. Box 350, Kenilworth, IL 60043-0350	. 1			0	0
	, Allison B Director	1		,		
	O. Box 350, Kenilworth, IL 60043-0350	1			0	0
	n, Michael J Secretary	1		,		
	O. Box 350, Kenilworth, IL 60043-0350	. 2	C	,	0	0
	s, Danielle - Director	- A				
	O. Box 350, Kenilworth, IL 60043-0350	. 2	C)	0	0
	i, Sameer - Director	4m				
	O. Box 350, Kenilworth, IL 60043-0350	1	C)	o	0
	ank, Kellogg, III - President				1	
	O. Box 350, Kenilworth, IL 60043-0350	3		,	0	0
	ert, John C Director		Ĭ			
	O. Box 350, Kenilworth, IL 60043-0350	1	C		0	0
	nerman, Alan H Vice President		<u> </u>			
	O. Box 350, Kenilworth, IL 60043-0350	4	C		0	0
	ngs, Robert A Director					
	O. Box 350, Kenilworth, IL 60043-0350	1)	ol	0

Part				_
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
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 O	00	Yes	No
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	33		V
35a	change on Schedule O (see instructions)	34		✓
b	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a 35b		✓
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		
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		✓
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37b		√
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 <u>a</u>		1
39	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b n/a Section 501(c)(7) organizations. Enter:			
a b 40a	Initiation fees and capital contributions included on line 9	\$50E5000		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or 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		✓
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
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		1
41	List the states with which a copy of this return is filed ▶ None			
42a	*	347-25		
h		60091		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	NO ✓
	If "Yes," enter the name of the foreign country: ► n/a See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country:	42c		1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. •	
			Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		✓
d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		√
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
45b	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		
			- 1	

	F	age 4
	Yes	No
6		1
f	or line	es
	, ,	
9440,000	Yes	No
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3		1
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b		adores de la companya del companya del companya de la companya de
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N	one."	
	d amou pensati	
party of the	to state statem	

Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition Part VI Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax 47 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 48 49a Did the organization make any transfers to an exempt non-charitable related organization? . . . 49 b If "Yes," was the related organization a section 527 organization? 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trust employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter " (d) Health benefits, (b) Average (c) Reportable contributions to employee (a) Name and title of each employee hours per week compensation benefit plans, and deferred other co devoted to position (Forms W-2/1099-MISC) compensation f Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization, If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? Note, All section 501(c)(3) organizations and 4947(a)(1) Yes No nonexempt charitable trusts must attach a completed Schedule A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is Mased on all information of which preparer has any knowledge Sign Signature of officer Date Here Stephen P. Lucado, Treasurer Type or print name and title Print/Type preparer's name Paid Check [] if self-employed Walter L. Keats P00503143 Preparer Firm's name ➤ Alumni & Association Services, Inc Firm's EIN ▶ Use Only Firm's address ➤ P. O. Box 350, Kenilworth, IL 60043-0350 847-256-1211 May the IRS discuss this return with the preparer shown above? See instructions ✓ Yes No

Form 990-EZ (2013)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number Name of the organization Harvard Club of Chicago 36-6110239 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 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.) 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: 5 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.) 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 organization that normally receives: (1) more than 331/3% 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 331/3% 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 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **c** Type III–Functionally integrated **b** Type II **d** Type III–Non-functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the q following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes Nο (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vii) Amount of monetary (vi) Is the in col. (i) listed in your the organization in organization (described on lines 1-9 organization in col. support (i) organized in the governing document? col. (i) of your above or IRC section support? US? (see instructions)) Yes No Yes No Yes No (A) (B) (C) (D) (E)

Total

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.) Section A. Public Support (d) 2012 (f) Total Calendar year (or fiscal year beginning in) ▶ (a) 2009 **(b)** 2010 (c) 2011 **(e)** 2013 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . revenues levied for the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 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) Public support. Subtract line 5 from line 4. Section B. Total Support **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 Calendar year (or fiscal year beginning in) (a) 2009 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 11 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) % 14 % 331/3% support test -2013. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 331/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization gualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 1,0% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

(Complete only if you checked the box on line 9 of Part I 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.)

Secti	on A. Public Support	ariaci trio to	sto noted bei	ovv, picase ee	mpiete i dit i	,	
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees	(0.7 = 0 0 0	(,	(0) = 0	(4) = 0 1 =	(0) = 0.10	(-)
	received. (Do not include any "unusual grants.")	68,694	56,444	58,173	40,403	50,658	274,372
2	Gross receipts from admissions, merchandise	00,001	00,111	33,173	10,100	00,000	27.1,072
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	98,027	79,131	68,476	81,171	72,105	398,910
3	Gross receipts from activities that are not an	00/02/	, 0, . 0 .	00,	3.,	, _,,	
	unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities				-		
	furnished by a governmental unit to the						
	organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	166,721	135,575	126,649	121,574	122,763	673,282
7a	Amounts included on lines 1, 2, and 3	·					
	received from disqualified persons .	0	0	0	0	0	0
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	0	0	0	0	0	0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
	line 6.)						673,282
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	166,721	135,575	126,649	121,574	122,763	673,282
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .	1,459	391	152	199	173	2,374
D	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						0
_	Add lines 10a and 10b	1,459	391	0 152	199	173	2,374
С 11	Net income from unrelated business	1,459	391	152	199		2,374
''	activities not included in line 10b, whether						
	or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or					0	
	loss from the sale of capital assets						
	(Explain in Part IV.)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	168,180	135,966	126,801	121,773	122,936	675,656
14	First five years. If the Form 990 is for the	e organization	's first, second		or fifth tax ye	ar as a section	
	organization, check this box and stop her	re					▶ □
Secti	on C. Computation of Public Suppor	t Percentage	•				
15	Public support percentage for 2013 (line 8	3, column (f) div	ided by line 13	3, column (f))		15	100 %
16	Public support percentage from 2012 Sch					16	100 %
	on D. Computation of Investment Inc					1 1	
17	Investment income percentage for 2013 (I					17	0 %
18	Investment income percentage from 2012					18	0 %
19a	331/3% support tests-2013. If the organi						
	17 is not more than 331/3%, check this box		-				
b	331/3% support tests—2012. If the organiz						
	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization die	a not check a t	oox on line 14,	iga, or igb, c	HECK THIS DOX 8	and see instruc	tions 🕨 🔲

Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
None	/
	/
	/
	/
	/
/	

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number Harvard Club of Chicago 36-6110239 Part I, Line 10: Grants - The Club made a contribution of \$6,306 to its scholarship endowment fund managed by Harvard University for Chicago-area freshman. It also made a special donation of \$5,657 to Harvard University to support the refurbishment of the Johnston Gate, originally donated by a Chicago alumnus.

Part I, Line 16: Other expenses - Includes \$4,086 of credit card discount fees, \$500 for liability insurance, and \$65,847 for program expenses, such as venue charges, food and beverages, etc. Part I, Line 20: Other changes - Bookkeeping adjustment of \$29. Part II, Line 24: Other assets - Includes \$1,910 of receivables and \$8,163 of inventory (150th anniversary books and John Harvard statues). Part II, Line 26: Other liabilities - Includes \$48,688 of accounts payable (a \$6,306 donation for scholarships; a \$5,657 donation for renovation of the Johnston Gate at Harvard; \$3,127 of FY14 programs to be paid in FY15; \$33,100 allocated for graduate student scholarships; \$498 of miscellaneous payables; and \$20,671 in deferred revenue (\$16,180 of FY15 prepaid membership dues; and \$4,491 in prepaid program expenses). Part III: The Club's primary exempt purposes are to promote the interests of Harvard University in the Chicago area; to interest students in the area to apply to Harvard; and to promote and engage in educational and community service activities for members and the community. Part III, Line 31: The Club raised and donated \$5,657 for refurbishment of the Johnston Gate at Harvard, a gate that was originally donated by a Chicago alumnus, Samuel Johnston '55, in 1889. Part IV: All the following can be contacted in care of P. O. Box 350, Kenilworth, IL 60043-0350: Hochstadt, Bruce A. - Director 1, 0, 0, 0; Hodakowski, George T. - Director 1, 0, 0, 0; Jablonski, Carrie A. - Director 1, 0, 0, 0; Jacobs, J. Ethan. - Director 1, 0, 0, 0; Keats, Walter L. - Director 1, 0, 0, 0; Knoebel, John E., Jr. - Director 1, 0, 0, 0; Le, DoanNhi Dona - Director 1, 0, 0, 0; Lucado, Stephen P. - Treasurer 2, 0, 0, 0; Mann, David E. - Director 1, 0, 0, 0; McCurry, Margaret I. - Director 1, 0, 0, 0; McGee, Leonard E. - Director 1, 0, 0, 0; Minkoff, Reva - Director 1, 0, 0, 0; Nagle, James L. - Director 1, 0, 0, 0; Palay, Robert J. - Director 1, 0, 0, 0; Palmer, Julie Gage - Director 1, 0, 0, 0; Reed, Irene M. - Director 1, 0, 0, 0; Rozner, Elory A. - Director 1, 0, 0, 0; Satalic, John M. - Director 1, 0, 0, 0; Schneider, Joel H. - Director 1, 0, 0, 0; Shepro, Richard W. - Director 1, 0, 0, 0; Skinner, Honey Jacobs - Director 1, 0, 0, 0; Thampy, George - Director 1, 0, 0, 0; Wang, Kate - Director 1, 0, 0, 0; Zhuang, Conrad - Director 1, 0, 0, 0.



HARVARD CLUB OF CHICAGO PO BOX 350 KENILWORTH IL 60043-0350

Notice	CP211A
Tax period	June 30, 2014
Notice date	December 22, 2014
Employer ID number	36-6110239
To contact us	Phone 1-877-829-5500
	FAX 801-620-5555

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Important information about your June 30, 2014 Form 990

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your June 30, 2014 Form 990.

Your new due date is February 15, 2015.

What you need to do

File your June 30, 2014 Form 990 by February 15, 2015. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

Additional information

- Visit www.irs.gov/cp211a.
- For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.