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Form **990-EZ**

Department of the Treasury

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

Open to Public Inspection

inte	nal Reve	nue Service Pine organization may have to use a copy of this return to satisfy s			
Α	For the	2008 calen <u>dar year, or tax year beginning 7/01/08</u> , and ending 6/3	10/09		
В	Check if	applicable Please C Name of organization	D	Emp	oloyer identification number
\Box	Address	una IDS		•	•
Н		[label or 53 - 44 4 D - 4 Common i to - Boson de	tion	20	-5714808
Н	Name ch	philiton			
Ш	Initial ret	,	s) Room/suite E	Tele	ephone number
Ш	Termina	tion See PO Box 481			
	Amende	d return Specific City or town, state or country, and ZIP + 4	F	Gro	up Exemption
	Applicati	on pending tions. Kalispell MT 59903-048	81	Nur	nber >
		tion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach	G Accounting m	ethod	X Cash Accrual
	• 000	a completed Schedule A (Form 990 or 990-EZ).	Other (specify)		
_	144 1 14		U Charles 3	7	
ı	Websit		H Check ► 2	որ ir th tach Sc	e organization is not hedule B (Form 990,
J		zation type (check only one)— X 501(c) (3) ◀ (insert no) 4947(a)(1) or	527 990-EZ, or 99	<u>10-PF).</u>	<u>`_</u>
K	Check	▶ ☐ If the organization is not a section 509(a)(3) supporting organization and its gro	ss receipts are normally r	not mo	ore than \$25,000 A return
	is not re	equired, but if the organization chooses to file a return, be sure to file a complete return			
	Add line	s 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form	orm 990-EZ	▶ \$	66,112
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balan		ctions	
	T		COC (CCC the money	1	1
	1	Contributions, gifts, grants, and similar amounts received			65,953
	2	Program service revenue including government fees and contracts		2	65,955
	3	Membership dues and assessments		3	
	4	Investment income .		4	159
	5a	Gross amount from sale of assets other than inventory 5a			
	Ь	Less cost or other basis and sales expenses 5b			
		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch.)	5c		
9	C		a. check here	"	
Revenue	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming	, check here		
ě	a	Gross revenue (not including \$ of contributions			
œ		reported on line 1) 6a		_	
	ь	Less direct expenses other than fundraising expenses 6b			
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	i
	7a	Gross sales of inventory, less returns and allowances 7a			
	Ι.	•		1	
	b		· 	- .	Ì
=	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<u> </u>	9	66,112
వా	10	Grants and similar amounts paid (attach schedule) Benefits paid to or for members RECEIVED		10	
0	11	Benefits paid to or for members	1	11	
1.0	12	Salaries, other compensation, and employee benefits	70	12	_
SCANNED JUL	13	Professional fees and other payments to independent contractors MAY 1 9 2010		13	2,000
صۋ		Professional fees and other payments to independent confine ors MAY 1 9 2010	191		
_ ×	14	Occupancy, rent, utilities, and maintenance	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	14	
	15	Printing, publications, postage, and shipping	1=	15	5 513
7	16	Other expenses (describe See Statement 1)	16	58,513
	17	Total expenses. Add lines 10 through 16		17	60,518
<u> </u>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	5,594
\mathcal{O}_{8}	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure)	re renorted on onor year's return)	19	14,847
JE			are reported on prior your orotality	20	
, te	20	Other changes in net assets or fund balances (attach explanation)			20,441
	21	Net assets or fund balances at end of year Combine lines 18 through 20		<u> 21</u> -	
F	art II	Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more	<u>, file Form 990 instead of</u>	Form	
		(See the instructions for Part II)	(A) Beginning of year		(B) End of year
22	Cash, s	savings, and investments	14,847	22	20,441
		nd buildings		23	<u> </u>
		assets (describe		24	
	Total a		14,847	·	20,441
			14,047		-3/-32
		abilities (describe			20,441
		sets or fund balances (line 27 of column (B) must agree with line 21)	14,847	27	
For	Privac	v Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.			Form 990-EZ (2008)

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

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	Rotary Community					Page 2
Part III Statement of Progra	m Service Accomplishmer	its (See the instruc	<u>tions for Part I</u>			penses
What is the organization's primary exempt	purpose?			l l		d for 501(c)(3)
See Statement 2						rganizations
Describe what was achieved in carrying out describe the services provided, the number	=					'(a)(1) trusts; for others)
28 Cash contributions to local		vant information for each	i program title	-	T	or others)
26 Cash Contributions to local	Charities					
(Grants \$)	If this amount includes foreign gran	its, check here	•	28a	<u>.l</u>	7,625
29 Rotary Youth Basketball Pro	gram - Community league					
basketball program open to	all middle school boys and					
girls.				_		05 000
•	If this amount includes foreign gran			29a	 	25,006
30 Community Projects - Specia	•	·				
field (baseball field) surf Sports Fields, located in K	•					
	arrsperr, mr. If this amount includes foreign gran	its check here	•	☐ 30a	.	27,882
31 Other program services (attach schedu				1 000	1	
	If this amount includes foreign gran		•	[31a	.	
32 Total program service expenses (add				▶ 32		60,513
Part IV List of Officers, Directors	, Trustees, and Key Employees. L			the instr	uctions fo	
(a) Name	and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contremployee be	noutions to enefit plans &	(e) Expense account and
		devoted to position	enter -0)	deferred co	mpensation	other allowances
Nancy Manning	Kalıspell	President				
Marshall Noice	MT 59901 Kalıspell	Vice Pres.	· •		0	0
Marshall Morce	MT 59901	10	۰ ا		o	0
Julie Lyon	Kalispell	Secretary	_			
	MT 59901	10	o		0	0
Francois Zanni	Lakeside	Treasurer				
	MT 59922	10	0		0	0
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The books are in care of Francois Zanni 200 Somers Road Located at Somers, MT At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside of the U S.? If "Yes," enter the name of the foreign country. 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 Yes No Yes No Yes No Yes No In the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		990-EZ (2008) Flathead Rotary Community Foundatio 20-57148			F	Page 3
33 Dd the driganization engage in any activity not previously reported to the IRSP If "Yes," attach a detailed description of each activity. 34 Were any changes made to the organizing or governing documents but not reported to the IRSP If "Yes," attach a conformed copy of the changes 35 If the organization had accine from business activities, such as those reported on lines 2, 6s, and 7a (among others), but not reported or form 990-T attach a statement explaining your reason for not reporting the ancine or norm 990-T activity. 36 Uses there is liquidation, dissolution, temmination, or substantial contraction during the year? If "Yes," as it filed at an return on Form 990-T for this year? 36 Was there is liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete splicable parts of Schedule N 37 Effet amount of political expenditures, direct or indiced, as disorded in the instr. 38 Dd the organization the Form 1120-PCL for this year? 39 Dd the organization flower form, or make any locans to, any officer, director, trustee, or key employee or were any such loans made in a principal at the start of the period covered by this return? 39 b If "Yes," complete Schedule L, Part II and entir the total amount involved 39 Section 591(c)(?) organizations Entir amount involved 39 Section 591(c)(?) organizations Entir amount involved 39 Section 591(c)(3) and (4) organizations Entir amount involved 39 Section 591(c)(3) and (4) organizations Entir amount involved as Section 591(c)(3) and (4) organizations Entir amount involved as Section 591(c)(3) and (4) organization Entir amount involved as Section 591(c)(3) and (4) organization Entir amount involved as Section 591(c)(3) and (4) organization Entir amount involved as Section 591(c)(3) and (4) organization Entir amount involved as Section 591(c)(3) and (4) organization Entir amount involved as Section 591(c)(3) and (4) organization Entir amount involved as Section 591(c)(3) and (4) organization Entir amount involved as Sec	P	Other Information (Note the statement requirements in the instructions for P	art VI.)			
description of each activity 33 X					Yes	No
34 Were any changes made to the organization or governing documents but not reported to the IRS? If "Yes." statical a conformed copy of the changes 15 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported to inform 90-7, statical as statement explaining your reason for not reporting the income on Form 990-1. 16 Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? 17 Wes. That a filled a tax return on Form 990-T for this year? 28 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes." complete applicable pears to Schedule N 29 Did the organization of Schedule N 20 Did the organization for Schedule N 20 Did the organization for TL20-PD. for this year? 20 Did the organization of Boron TL20-PD. for this year? 21 Again and the first and a first the total amount involved 22 Did the organization borrow form, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unipand at the start of the peniod covered by this return? 22 Did the organization borrow form, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unipand at the start of the peniod covered by this return? 23 Did the organization borrow form, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unipand at the start of the peniod covered by this return? 24 Did the organizations better 25 Section 501(c)(7) organizations Enter amount of the peniod covered by this return. 26 Section 501(c)(3) organizations Enter amount of tax minosed on the organization engage in any section 4956 excess benefit transaction during the year under section 4912. 495 report of tax minosed to the organization of the peniod to the peniod to the pe	33					
attach a conformed copy of the changes If the organization had more from business activates, such as those reported on lines 2, 6s, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? b If "Yes", has it filled a tax return on Form 990-T or this year? 359 Was there a fluidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N 370 Enter amount of political expenditures, direct or naffect, as described in the instr. b Did the organization binoring file Form 1120-POL for this year? 370 X 371 X 372 Bit the organization file Form 1120-POL for this year? 373 Did the organization binoring file form 1120-POL for this year? 374 Did the organization binoring file form 1120-POL for this year? 375 X 376 X 377 X 378 Did the organization binoring file form 1120-POL for this year? 389 Section 501(c)(7) organizations Enter any out of the penind covered by this return? 380 Section 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9 381 Section 501(c)(3) organizations Enter a Initiation fees and capital contributions included on line 9 382 Section 501(c)(3) organizations Enter amount of fax imposed on the organization during the year under sections 4011 № section 4915 № 5 Section 501(c)(3) organizations Enter amount of fax imposed on the organization during the year under sections 4011 № section 4915 № 5 Section 501(c)(3) organizations Enter amount of fax imposed on the organization during the year under sections 4011 № section 4915 № section 4915 № section 4915 № 5 Section 501(c)(3) organizations Enter amount of fax in price of this return is filed ▶ None 400 X 400 X 401 Feet amount of fax in line of the foreign country № section 4915 № section 4915 № section 491				33		X
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and proxy tax requirements? b If "Yes," has if filled a tax return on Form \$90-T for this year? 35b If "Yes," has if filled a tax return on Form \$90-T for this year? 36b If "Yes," has if filled a tax return on Form \$90-T for this year? 37c Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," and the part of Schedule N 37a Enter amount of political expendituse, direct or indirect, as described in the instr. b Did the organization file Form 1120-POL for this year? 37b If "Yes," complete Schedule L, Part II and enter the total amount involved 37c If "Yes," complete Schedule L, Part II and enter the total amount involved 38d Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ "section 4912 ▶ "section 4912 ▶ "section 4915 ▶ "secti		the state of the s				
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complete applicable parts of Schedule N Teler amount of political expenditures, direct or indirect, as described in the instr. Did the organization file Form 1120-POL for this year? 37b		·		35b	 	<u> </u>
The books are in care of P F Trancois Zanni Enter amount of political expenditures, direct or indirect, as described in the natir. Did the organization biorrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the penod covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations Enter Initiation fees and capital contributions included on line 9 Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 501(c)(3) and (4) organizations Enter amount of tax imposed on the organization during the year under section 501(c)(3) and (4) organizations of the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4958, and 4958 Enter amount of tax or line 40c rembursed by the organization All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T Lat the states with which a copy of this return is filed ▶ None 200 Somers Road Located at ▶ Somers, MT ZIP+4 ▶ 59922 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. ▶ See the instructions for exceptions and filing requirements for Form TDF 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country. ▶ Section 4947(a)(1) nonexempt chantable trust filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest receive	36				1	
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39 Section 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39b 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ section 4912 ▶ section 4955 ▶ b Section 501(c)(3) and (4) organizations Did the organization engage in any section 4955 ▶ seberefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Enter amount of tax or line 40c reimbursed by the organization All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 41 List the states with which a copy of this return is filed ▶ None 42a The books are in care of ▶ Francois Zanni Telephone no. ▶ 200 Somers Road Located at ▶ Somers, MT 51P+4 ▶ 59922 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U S.? If "Yes," enter the name of the foreign country. ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U S.? If "Yes," enter the name of the foreign country. ▶ 42b		any such loans made in a prior year and still unpaid at the start of the period covered by this return?		38a	ļ	X
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Yes No Yes No Here are a properties of the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ Yes No 44 X 45 X	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here				▶∐
Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44 X 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45 X		and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 43			
Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44 X Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45 X						
Form 990-EZ 44 X 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45 X					Yes	No
Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45 X	44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of				
"Yes," Form 990 must be completed instead of Form 990-EZ				44	ļ	X
	45					4,-
		"Yes," Form 990 must be completed instead of Form 990-EZ			0 57	

Form 9	990-EZ (2008) Flathead Rotary Community Fou	undatio 20	-5714808		Page 4		
Pari	• • • • • • • • • • • • • • • • • • • •	1(c)(3) organiza	ations must an	swer question	s 46–49		
46	and complete the tables for lines 50 and 51. Did the organization engage in direct or indirect political campaign activities o	n behalf of or in opt	position to		Yes No		
	candidates for public office? If "Yes," complete Schedule C, Part I				46 X		
	Did the organization engage in lobbying activities? If "Yes," complete Schedul	e C, Part II			47 X		
	s the organization operating a school as described in section 170(b)(1)(A)(ii)?		Schedule E		48 X 49a X		
49a							
	f "Yes," was the related organization(s) a section 527 organization?				49b		
	Complete this table for the five highest compensated employees (other than ceach received more than \$100,000 of compensation from the organization.			nployees) who			
				(d) Contributions to	(a) Evenes		
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	employee benefit plans & deferred compensation	(e) Expense account and other allowances		
None				, .			
			,- ,-				
		<u> </u>					
	number of other employees paid over \$100,000	ļ					
	Complete this table for the five highest compensated independent contractors compensation from the organization. If there is none, enter "None."	, who observes					
	(a) Name and address of each independent contractor paid more than \$100,000	(b)	Type of service	(c) C	ompensation		
Non	e						
			· <u>·</u> ···				
Total r	number of other independent contractors each receiving over \$100,000	•					
101011	Under penalties of perjury, I declare that I have examined this return, including						
	and belief, it is true, correct, and complete Declaration of preparer (other than	officer) is based on al	information of which	preparer has any kno	wledge		
Sign			15-	13-10			
Here	Francois Canni.	reasu	Date	· · · · · · · · · · · · · · · · · · ·			
-	Type or print name and title	Date	Check if	Preparer's Iden	itifying Number (See instr.)		
Paid	Preparer's signature Linda Addington	5/12	self- employed ▶	-□ P0066	6063		
	arer's Firm's name (or yours Addington Accounting				7-1188189		
Use		,		Phone			
	address, and ZIP+4 Kalispell, MT 59903			no ▶ 406	<u>-257-9600</u>		
May t	he IRS discuss this return with the preparer shown above? See instructions			<u> </u>	X Yes No		
				Fo	orm 990-EZ (2008)		

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Flathead Rotary Community Foundatio

The organization is not a private foundation because it is (Please check only one organization)

Employer identification number 20-5714808

1	Ă			ssociation of churches described	ın sectior	1 70 (b)(1)(A)(i).						
2	H	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). (Attach Schedule H)											
3	Н	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
4	Ш			ted in conjunction with a hospital	described	III Sectio	ט)טייו ווי	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ii). Eiile	i tile lit	ospitai s iiai	116,	
_	\Box	city, and state		t of a college or wow.comb.		ad by a a	0. /0 FD PM /	ntala.	t dooor	had in			
5	Ш	_	•	t of a college or university owned	or operat	eu by a g	OVEITHIN	illai uili	Luesciii	Deu III			
	П		b)(1)(A)(iv). (Complete Pa		antion 47	O/b)(4)/A	1/41						
6	X			governmental unit described in s				irom tha	aonara	ماطييم ا			
7	A	-		a substantial part of its support fr	oni a gove	emmenta	dill of	ioni me	yenera	ii pabiic	•		
_	\Box		section 170(b)(1)(A)(vi). (
8	Н	•		170(b)(1)(A)(vi). (Complete Part	•	oontribut		mhomh	ın foos	and as	000		
9	ш	_		(1) more than 33 1/3 % of its sup									
		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											
		• •	•					i) iroin L	usines	562			
40	\Box		=	30, 1975 See section 509(a)(2)				(600 100	truction	ne)			
10 11	Н	-		d exclusively to test for public saf									
''											1		
		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.											
	509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III—Functionally Integrated d Type III—Other												
θ	П			rganization is not controlled direction			nne or m	_					
٠	ш		-	rs and other than one or more pu	-						1		
		-	section 509(a)(2)		,,		,						
f		` ' ' '	` '' '	etermination from the IRS that it is	s a Type I.	Type II.	or Type	III suppo	ortina				
•			check this box		, , ,	,	, , ,						П
9		_		zation accepted any gift or contrib	oution from	n any of th	ne						
9		following per	· _ ·			•							
		• .		controls, either alone or together	with perso	ons descr	ibed in (II)				Yes	No
				of the supported organization?	·			·			11g	(i)	
			member of a person desc	•							11g		
		• •		n described in (i) or (ii) above?							11g	(iii)	
h		Provide the f	following information abou	t the organizations the organizati	on suppor	ts							
(i)	Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Did y	ou notify	(vi)	s the	(vii) A	mount of	
(-)		anization	(,	(described on lines 1-9	ın col (i) listed in your		the organization in		in organization in col		1 ' '		
				above or IRC section (see instructions))	governing	governing document?		of your cort?	1,,	zed in the S ?			
				(See mandenons))	Yes	No	Yes	No	Yes	No			
					<u> </u>								
			<u> </u>		+		 	ļ					
			··· ···		1								
					<u> </u>	<u> </u>							
				——————————————————————————————————————	 	ļ							
Tota	ı					<u> </u>							

Sche	edule A (Form 990 or 990-EZ) 2008 Fla	thead Rot	tary Comm	unity Foun	datio 20	-5714808	Page 2		
Pa	irt II Support Schedule for O				1)(A)(iv) and	170(b)(1)(A)(vi)	ı		
	(Complete only if you che	ecked the box	on line 5, 7, o	r 8 of Part I.)		-			
	tion A. Public Support		<u> </u>	,					
Cal	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")			56,360	160,898	65,953	283,211		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1-3		-	56,360	160,898	65,953	283,211		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)								
6	Public support. Subtract line 5 from line 4						283,211		
Sec	tion B. Total Support		<u></u>						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total		
7	Amounts from line 4			56,360	160,898	65,953	283,211		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			14	25	159	198		
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)								
11	Total support. Add lines 7 through 10	<u></u>		<u> </u>			283,409		
12	Gross receipts from related activities, etc	(see instructions)				12			
13	First five years. If the Form 990 is for the	organization's firs	t, second, third, fo	urth, or fifth tax year	as a section 501	(c)(3)	. \square		
	organization, check this box and stop her		_				>		
Sec	tion C. Computation of Public S	upport Percen	tage			— т			
14	Public support percentage for 2008 (line 6	. ,,	•	nn (f))		14	99.9301 %		
15	Public support percentage from 2007 Sch					15	%		
16a	33 1/3 % support test—2008. If the organ				3 1/3 % or more, o	check this box	. ₩		
	and stop here. The organization qualifies						► X		
b	33 1/3 % support test—2007. If the organ				5 is 33 1/3 % or m	ore, check this	. \Box		
	box and stop here. The organization qual						▶ ⊔		
17a	10%-facts-and-circumstances test—2008. 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-circums	stances" test. The	organization qualit	fies as a publicly sup	ported organization	on	▶ 📙		
b	10%-facts-and-circumstances test—200	-							
	more, and if the organization meets the "f						, m		
	organization meets the "facts-and-circums		-				₹ H		
18	Private foundation. If the organization did	not check a box	on line 13, 16a, 16	6b, 17a, or 17b, chec	k this box and see	e instructions	▶ ⊔		

Schedule A (Form 990 or 990-EZ) 2008

	dule A (Form 990 or 990-EZ) 2008 Fla Support Schedule for Or (Complete only if you che	rganizations [Described in S	ection 509(a)(-5714808	Page 3
Sec	tion A. Public Support	JORGA THE BOX	011 11110 0 01 1 0	41(1.)			
	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Oai	ichaar year (or hoodr year beginning in)	(a) 2004	(b) 2003	(0) 2000	(4) 2007	(0) 2000	(I) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge	,					<u> </u>
6	Total. Add lines 1-5				<u></u>		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 Add lines 7a and 7b						
_							
8	Public support (Subtract line 7c from line 6)						
800			<u> </u>	1	<u> </u>	<u>[</u>	
	tion B. Total Support lendar year (or fiscal year beginning in) ▶	() 0004	# \ 0005	1 () 2000	4.0.007	L (1) 0000	(D. T. t.)
		(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b				· 	ļ	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the	organization's first	t, second, third, for	urth, or fifth tax yea	ar as a section 50°	(c)(3)	
	organization, check this box and stop here	•		,			▶ ∐
Sec	tion C. Computation of Public Su		tage				
15	Public support percentage for 2008 (line 8			nn (fl)		15	- %
16	Public support percentage from 2007 Sche	• • •	-	··· V//		16	%
	tion D. Computation of Investme					1 1	
17	Investment income percentage for 2008 (li			column (f))		17	%
18	Investment income percentage for 2007			, coluiiii (i <i>))</i>		18	<u> </u>
18 19a	33 1/3 % support tests—2008. If the orga			e 14 and line 15 is	more than 33 1/3		
134	17 is not more than 33 1/3 %, check this b						▶ □
b	33 1/3 % support tests—2007. If the orga	=	=	•	•		
	line 18 is not more than 33 1/3 %, check the						▶ □
20	Private foundation. If the organization did		-		• •	-	. ▶ 🗆

Page 3

Schedule A (Form 990 or 990-EZ) 2008 Flathead Rotary Community Foundatio 20-5714808

Page 4

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10;

Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

ROTARYFOUND Flathead Rotary Community Foundatio
20-5714808 Federal Statements

FYE: 6/30/2009

Statement 1 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount			
Expenses T-shirts, trophies, other Miracle Field expenses Direct contributions		2		
Total	\$ 58,51	3		

5/12/2010 12:59 PM

ROTARYFOUND Flathead Rotary Community Foundatio
20-5714808 Federal Statements

5/12/2010 12:59 PM

FYE: 6/30/2009

Statement 2 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

The Flathead Rotary Community Foundation provides broad community support through direct cash donations to other qualified 501(c)3 charitable organizations in the area, through the Rotary basketball program which is offered to all middle school girls and boys in the area, and through other community projects selected on an as-needed basis.

Statement 3 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments

Description

Cash contributions to other Rotary Int'l projects.