



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? COMMUNITY AND WORLD SERVICE FOR HEALTH, HUNGER AND HUMANITY			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28 See Additional Data Table			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	
29			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	
30			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	
31 Other program services (attach schedule)			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	165,072

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V

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

Yes

No

33

Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity

33

No

34

Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes

34

No

35

If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T

a

Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?

35a

No

b

If "Yes," has it filed a tax return on **Form 990-T** for this year?

35b

36

Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N

36

No

37a

Enter amount of political expenditures, direct or indirect, as described in the instructions ▶

37a

0

b

Did the organization file **Form 1120-POL** for this year?

37b

38a

Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?

38a

No

b

If "Yes," complete Schedule L, Part II and enter the total amount involved

38b

39

501(c)(7) organizations. Enter

a

Initiation fees and capital contributions included on line 9

39a

b

Gross receipts, included on line 9, for public use of club facilities

39b

40a

Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶, section 4912 ▶, section 4955 ▶

b

Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I.

40b

No

c

Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶

0

d

Enter amount of tax on line 40c reimbursed by the organization ▶

0

e

All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

40e

No

41

List the states with which a copy of this return is filed ▶ AK

42a

The books are in care of ▶ DANTE REYES

Telephone no ▶ (907) 789-3178

9309 Glacier Highway B-200

Located at ▶ JUNEAU, AK

ZIP + 4 ▶ 99801

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 ▶

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 ?

42c

No

If "Yes," enter the name of the foreign country ▶

43

Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶

and enter the amount of tax-exempt interest received or accrued during the tax year ▶

43

44

Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.

44

Yes

No

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

No

complete the tables for lines 50 and 51.

		Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization(s) a section 527 organization?	49b	
50	Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization. If there are none, enter "None."		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over \$100,000 				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there are none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors receiving over \$100,000		

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
	*****		2010-05-10		
	Signature of officer		Date		
	DANTE REYES TREASURER Type or print name and title				
Paid Preparer's Use Only	Preparer's signature ▶ Robert L Rehfeld		Date 2010-05-09	Check if self-employed ▶ <input type="checkbox"/>	Preparer's PTIN (See Gen Inst X)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ELGEE REHFELD MERTZ LLC 9309 GLACIER HWY STE B-200 JUNEAU, AK 99801		EIN ▶		
			Phone no ▶ (907) 789-3178		

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

▶ **Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ROTARY INTERNATIONAL
JUNEAU GLACIER VALLEY ROTARY CLUB

Employer identification number

23-7332939

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐

Mail solicitations

b

☐

Email solicitations

c

☐

Phone solicitations

d

☐

In-person solicitations

e

☐

Solicitation of non-government grants

f

☐

Solicitation of government grants

g

☐

Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

☐ Yes

☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
			BOAT SHOW	PIONEER PIE	4	(Add col (a) through
			(event type)	ACTION	(total number)	col (c))
	1	Gross receipts	33,782	6,866	4,278	44,926
	2	Less Charitable contributions				
	3	Gross revenue (line 1 minus line 2)	33,782	6,866	4,278	44,926
	4	Cash Prizes				
	5	Non-cash Prizes				
Direct Expenses	6	Rent/Facility costs				
	7	Other direct expenses	11,405	6,866		18,271
	8	Direct expense summary Add lines 4 through 7 in column (d) ▶				18,271
	9	Net income summary Combine lines 3 and 8 in column (d). ▶				26,655

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue			20,897	20,897
Direct Expenses	2	Cash prizes			11,850	11,850
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses			987	987
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶						12,837
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶						8,060

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities AK		
a	Is the organization licensed to operate gaming activities in each of these states?	9a Yes	
b	If "No," Explain		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	No
b	If "Yes," Explain		
11	Does the organization operate gaming activities with nonmembers?	11 Yes	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	No

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a		
b	An outside facility 13b 100 000 %		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► ELGEE REHFELD MERTZ LLC			
Address ► 9309 GLACIER HWY SUITE B-200 JUNEAU, AK 99801			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c	If "Yes," enter name and address		
Name ►			
Address ►			
16	Gaming manager information		
Name ►			
Gaming manager compensation ► \$ _____			
Description of services provided ►			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	Yes
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ 8,060		

TY 2008 Grants and Similar Amounts Paid Schedule**Name:** ROTARY INTERNATIONAL

JUNEAU GLACIER VALLEY ROTARY CLUB

EIN: 23-7332939

Item No.	1
Class of Activity	GRANT MATCH
Donee's Name	MENDENHALL RIVER SCHOOL
Donee's Address	10014 CRAZY HORSE DRIVE JUNEAU, AK 99801
Amount (FMV)	24,927
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	SCHOLARSHIP
Donee's Name	GULERMINA VALLE
Donee's Address	POBOX 34418 JUNEAU, AK 99801
Amount (FMV)	4,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	SCHOLARSHIP
Donee's Name	PAIGE PAHLKE
Donee's Address	3711 SANDERS STREET JUNEAU, AK 99801
Amount (FMV)	1,500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2008-07

Item No.	4
Class of Activity	SCHOLARSHIP
Donee's Name	CHRISTIAN BROWN
Donee's Address	
Amount (FMV)	750
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2008-07

Item No.	5
Class of Activity	SCHOLARSHIP
Donee's Name	LIA HEIFETZ
Donee's Address	POBOX 34418 JUNEAU, AK 99801
Amount (FMV)	750
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-01

Item No.	6
Class of Activity	
Donee's Name	ROTARY INTERNATIONAL
Donee's Address	1560 SHERMAN AVENUE EVANSTON, IL 60201
Amount (FMV)	8,199
Purpose of Payment to Affiliate	ANNUAL DUES
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	7
Class of Activity	
Donee's Name	JUNEAU ROTARY DISTRICT
Donee's Address	200 WEST 34TH AVENUE ANCHORAGE, AK 99501
Amount (FMV)	3,965
Purpose of Payment to Affiliate	ANNUAL DUES
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2008 Other Assets Schedule

Name: ROTARY INTERNATIONAL

JUNEAU GLACIER VALLEY ROTARY CLUB

EIN: 23-7332939

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS RECIEVABLE	20,004	7,270
PREPAID EXPENSES	0	7,640

TY 2008 Other Expenses Schedule**Name:** ROTARY INTERNATIONAL

JUNEAU GLACIER VALLEY ROTARY CLUB

EIN: 23-7332939

Description	Amount
OFFICE EXPENSES	2,820
CONFERENCES, CONVENTIONS AND MEETINGS	11,362
PILLARS OF AMERICA	54,265
MEMBERSHIP EVENTS	28,566
ROTARY FOUNDATION	19,043
YOUTH AND INTERNATIONAL EXCHANGE	6,119
BANK CHARGES	3,958
DONATIONS	1,750
MEMBER GUEST AWARDS	1,196
ORIENTATION	1,040
CLUB SUPPORT	1,000
SUNSHINE	713
FIRESIDE	161
ROTARY PARK	3,100
LICENSES AND PERMITS	50

TY 2008 Other Liabilities Schedule

Name: ROTARY INTERNATIONAL

JUNEAU GLACIER VALLEY ROTARY CLUB

EIN: 23-7332939

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS PAYABLE	200	5,138
DEFERRED REVENUE	0	3,500

TY 2008 Other Revenues Schedule

Name: ROTARY INTERNATIONAL
JUNEAU GLACIER VALLEY ROTARY CLUB
EIN: 23-7332939

Description	Amount
OTHER PROJECTS	237

Additional Data

Software ID:
Software Version:
EIN: 23-7332939
Name: ROTARY INTERNATIONAL
JUNEAU GLACIER VALLEY ROTARY CLUB

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

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.	Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
28 COMMUNITY SERVICE - VARIOUS EVENTS AND DONATIONS FOR LOCAL COMMUNITY - LARGER EVENTS INCLUDE PILLARS SERIES (2000+ ADULTS AND STUDENTS IN ATTENDANCE) SCHOLARSHIPS, ETC (Grants \$ 24,925) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	84,042
29 INTERNATIONAL SERVICE- PROGRAMS INCLUDE EXCHANGE STUDENTS, GROUP STUDY EXCHANGE AND PAYMENTS TO ROTARY INTERNATIONAL FOR WORLD COMMUNITY SERVICE AND OTHER GRANTS (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	32,132
30 CLUB SERVICE- CLUB SERVICE BUILDS FELLOWSHIP AND GOODWILL BETWEEN MEMBERS AND ROTARY AT LARGE INCLUDED ARE DINNERS AUCTIONS, DISTRICT CONFERENCE AND OTHERS (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	44,931
VOCATIONAL SERVICE- SCHOLARSHIPS FOR LOCAL YOUTH TO ATTEND THE ANNUAL RYLA (ROTARY YOUTH LEADERSHIP ACADEMTY) COSTS WERE FOR 5-6 STUDENTS TO ATTAND THE CONFERENCE (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		3,967

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
JAMIE LETTERMAN PO BOX 34418 JUNEAU, AK 99803	PRESIDENT 10 00	0	0	0
COLLEEN SULLIVAN PO BOX 34418 JUNEAU, AK 99803	PRESIDENT ELECT 10 00	0	0	0
CRAIG DAHL PO BOX 34418 JUNEAU, AK 99803	PAST PRESIDENT 10 00	0	0	0
SHARON BURNS PO BOX 34418 JUNEAU, AK 99803	SECRETARY 10 00	0	0	0
DANTE REYES PO BOX 34418 JUNEAU, AK 99803	TREASURER 10 00	0	0	0
CHARITY MACKINNON PO BOX 34418 JUNEAU, AK 99803	CLUB ADMINSTRATOR 10 00	0	0	0
CHARLIE WILLIAMS pO BOX 34418 JUNEAU, AK 99803	CLUB SERVICE 10 00	0	0	0
CHRIS LETTERMAN PO BOX 34418 JUNEAU, AK 99803	ROTARY FOUNDATION 10 00	0	0	0