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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

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

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

OMB No 1545-1150

2008**Open to Public Inspection****A** For the 2008 calendar year, or tax year beginning **7/01/08**, and ending **6/30/09****B** Check if applicable

- ☒ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions

C Name of organization**ATCHISON ROTARY CLUB**

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

800 RAVEN HILL DRIVE

Room/suite

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

ATCHISON**KS 66002****D** Employer identification number**48-6117769****E** Telephone number**913-367-2269****F** Group Exemption Number

▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ▶

I Website: ▶ **WWW.ATCHISONROTARY.ORG****J** Organization type (check only one)—☒ 501(c) (**4**) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **61,379****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

1	Contributions, gifts, grants, and similar amounts received	1	
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	38,751
4	Investment income	4	829
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less cost or other basis and sales expenses	5b	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch)	5c	
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
6a	Gross revenue not including \$ of contributions reported on line 6	6a	12,587
6b	Less direct expenses other than fundraising expenses	6b	2,957
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	9,630
7a	Gross sales of inventory, less returns and allowances	7a	
7b	Less cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe ▶ SEE STATEMENT 2)	8	9,212
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	58,422
10	Grants and similar amounts paid (attach schedule)	10	1,500
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe ▶ SEE STATEMENT 3)	16	45,651
17	Total expenses. Add lines 10 through 16	17	47,151
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	11,271
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	42,953
20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4	20	-8,560
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	45,664

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	42,953	44,290
23 Land and buildings		
24 Other assets (describe ▶ SEE STATEMENT 5)		2,980
25 Total assets	42,953	47,270
26 Total liabilities (describe ▶ SEE STATEMENT 6)	0	1,606
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	42,953	45,664

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

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Part III Statement of Program Service Accomplishments (See the instructions for Part III)

What is the organization's primary exempt purpose?

SEE STATEMENT 7

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 WEEKLY LUNCHEON AND SOCIAL ACTIVITIES FOR MEMBERS TO MEET
AND PLAN

(Grants \$) If this amount includes foreign grants, check here

28a	26,789
-----	--------

29 SCHOLARSHIPS FOR LOCAL AND INTERNATIONAL STUDENTS

(Grants \$ **1,500**) If this amount includes foreign grants, check here

29a	18,799
-----	--------

30

(Grants \$) If this amount includes foreign grants, check here

30a	
-----	--

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here

31a	
-----	--

32 **Total program service expenses** (add lines 28a through 31a)

32	45,588
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Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

[illegible]

Form 990-EZ (2008)

ATCHISON ROTARY CLUB

48-6117769

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
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		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instr		
b Did the organization file Form 1120-POL for this year?		X
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?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved		
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		
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		X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Enter amount of tax on line 40c reimbursed by the organization		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed		KS
42a The books are in care of		STEPHEN WHEATLEY
104 N 6TH ST # F		
Located at		ATCHISON, KS
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)?		X
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 ?		X
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		<input type="checkbox"/>
43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		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		X

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

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
49b If "Yes," was the related organization(s) a section 527 organization?		

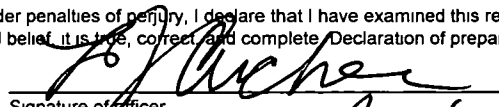
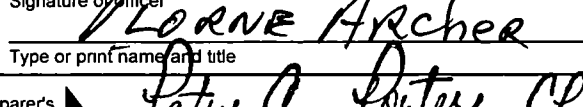
50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

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

Total number of other employees paid over \$100,000 **0****51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

Total number of other independent contractors each receiving over \$100,000 **0**

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.			
	 Signature of officer		Date 5/14/10	
Paid Preparer's Use Only	 Type or print name and title		Date	Preparer's Identifying Number (See instr.)
	Preparer's signature		5/14/10 Date	<input type="checkbox"/> Check if self-employed Preparer's Identifying Number (See instr.) 481-18-5718
	Firm's name (or yours if self-employed), address, and ZIP + 4 PATSY A. PORTER, CPA, PA 221 N 6TH ST ATCHISON, KS 66002-2453		EIN 48-1185718 Phone no 913-367-2707	
	May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Special Events ScheduleForm **990****2008**For calendar year 2008, or tax year beginning **7/01/08**, and ending **6/30/09**

Name

Employer Identification Number

ATCHISON ROTARY CLUB**48-6117769**

	(A)	(B)	(C)	Others	Total
Gross receipts	<u>12,587</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>12,587</u>
Less contributions	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Gross revenue	<u>12,587</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>12,587</u>
Less direct expenses	<u>2,957</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>2,957</u>
Net income (loss)	<u>9,630</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>9,630</u>

Description (A)

SPECIAL EVENTS

(B)

(C)

Others

48-6117769

Federal Statements

FYE: 6/30/2009

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	Amount
NET DUES	\$ 38,751
TOTAL	\$ 38,751

Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount
OTHER	\$ 9,141
UNREALIZED GAIN	71
TOTAL	\$ 9,212

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
EXPENSES	\$
ANNUAL CONFERENCE	950
BANK CHARGES	198
DONATIONS	12,730
DUES	4,189
EXCHANGE STUDENT	3,220
HARLEM AMBASSADORS	449
MAILINGS	47
MEALS	20,303
MISCELLANEOUS	391
ROTARY YOUTH LEADERSHIP	900
SEMIANNUAL REPORT	2,274
TOTAL	\$ 45,651

Statement 4 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
TRANSFER TO ROTARY FOUNDATION	\$ -8,560
TOTAL	\$ -8,560

Statement 5 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
ACCOUNTS RECEIVABLE	\$	\$ 2,980
		2,980

48-6117769

Federal Statements

FYE: 6/30/2009

Statement 6 - Form 990-EZ, Part II, Line 26 - Total Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$	\$ 1,606
		1,606

Statement 7 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

ENCOURAGE AND FOSTER THE IDEAL OF SERVICE AS A BASIS OF
WORTHY ENTERPRISE

48-6117769

Federal Statements

FYE: 6/30/2009

Special Events Direct Expenses

<u>Description</u>	<u>Amount</u>
COLUMN A	\$
SPECIAL EVENTS	
SUPPLIES	<u>2,957</u>
SUBTOTAL	<u>2,957</u>
TOTAL	<u><u>2,957</u></u>

DIRECT EXPENSES OTHER THAN FUNDRAISING EXPENSES
REPORTED ON FORM 990-EZ, PAGE 1, LINE 6B.