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Form **.990-EZ**

Short Form Return of Organization Exempt From Income Tax

2008

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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 org- anizations 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

Open to Public Inspection

| Α | For the 2008 calendar | r year, or tax year beginning | 7/01 | , 2008, and en | iding 6 | /30 | , | 2009 | |
|------------------|----------------------------------------------------|----------------------------------------------------------------------|-------------------------|-----------------|----------------|-----------------------------|--------------------------------|---------------------------|--|
| В | Check if applicable | ck if applicable C D Er | | | | | Employer identification number | | |
| | Place | | | | | | | 91342 | |
| | Name change label or print or | FOUNDATION | | | | ЕТе | lephone n | number | |
| ┝ | Initial return type. | PO BOX 6193 | | | | | | | |
| - | Specific | SNOWMASS VILLAGE, CO | 0 81615 | | | | | | |
| F | Amended return instructions. Application pending | | | | | | oup Ex ımber | emption | |
| — | *** | (2) | | 44. | G Accou | inting metho | | Cash X Accrual | |
| | Section 501(c)(3 must att | 3) organizations and 4947(a)(1) n tach a completed Schedule Å (Fo | orm 990 or 990-EZ). | <i>trusts</i> | | (specify) > | ,d | Cash III /tectadi | |
| | 37/3 | | | | H Check | | | anization is not | |
| ١. | Website: ► N/A | | | | requir | ed to attach Z, or 990-P | i Sched Fi | lule B (Form 990, | |
| <u>J</u> | Organization type (check of the organization type) | only one) $- X = 501(c) (3)$ ganization is not a section 509(a) | | | | | | ent more than | |
| _ | \$25,000 A return is n | not required, but if the organization | on chooses to file a re | turn, be sure t | o file a co | | | | |
| L | instead of Form 990-E | | | <u> </u> | | | ► \$ | 124,256. | |
| Pa | art I Revenue, | Expenses, and Changes i | n Net Assets or F | und Baland | ces (See | the instr | uction | | |
| | 1 Contributions, g | lifts, grants, and similar amounts | received | | | | 1 | 12,457. | |
| | 1 | e revenue including government f | ees and contracts | | | | 2 | | |
| | 3 Membership due | es and assessments | | | | | 3 | | |
| | 4 Investment inco | | | 1 - 1 | | | 4 | 1,104. | |
| | | rom sale of assets other than inv | entory | 5a | | | | | |
| _ | 1 | her basis and sales expenses | | 5 b | | | | | |
| E | 1 ' ' | sale of assets other than inventory (Subtra | | • | ala bassa | | 5 c | | |
| REVERUE | · · | activities (complete applicable parts of Sch | | | ck nere . | | | | |
| Ü | a Gross revenue (| | of contribution | 1 1 | - | 10 (05 | | | |
| Ε | reported on line | | | 6a 6b | | 10,695. | | | |
| | 1 | enses other than fundraising exp | | [60] | | 39,851. | | 70,844. | |
| | |) from special events and activities (Subtra | | 7a | | | 6c | 70,044. | |
| | b Less cost of go | nventory, less returns and allowa | inces | 7 a 7 b | | | | | |
| | 1 | (loss) from sales of inventory (Su | htract line 7h from lin | | | | 7c | | |
| | 8 Other revenue (desc | | otract line 75 from in | C 74) | | , | 8 | | |
| | 1 | add lines 1, 2, 3, 4, 5c, 6c, 7c, ar | nd 8) | | | — | 9 | 84,405. | |
| | | ilar amounts paid (attach schedul | | יס קקס | TATEMEN | TT 1 | 10 | 54,847. | |
| | 1 | or for members | (-) | OEE O. | TUTPHEN | 11 1 | 11 | 34,047. | |
| E | 1 | compensation, and employee ber | nefits | | | | 12 | | |
| E X P E | | es-and other payments to indeper | | | | | 13 | 2,604. | |
| Ñ | | t, utilities, and maintenance | | | | , | 14 | | |
| Ĕ | | ations, postage, and shipping | | | | | 15 | 50. | |
| 1 3 | 16 Other expenses (des | SEE STATEMENT 2 | | | |) . | 16 | 10,036. | |
| | DECT bia expenses | (add lines 10 through 16) | | | | <u></u> ► | 17 | 67,537. | |
| | | or the year (Subtract line 17 | from line 9) | | • | | 18 | 16,868. | |
| N 9 | DEDE Nisels of fu | ind balances at beginning of year on prior year's return) | (from line 27, colum | n (A)) (must a | gree with e | end-of-year | 19 | 163,674. | |
| T E | | in net assets or fund balances (at | ttach explanation) | | | | 20 | | |
| : | 21 Net assets or fu | and balances at end of year Com | bine lines 18 through | 20 | | | 21 | 180,542. | |
| Pa | art II Balance S | Sheets. If Total assets on line 2 | 5, column (B) are \$2, | 500,000 or mo | re, file For | rm 990 inste | ead of F | orm 990-EZ | |
| 3 | | (See the instructions for Pa | rt II) | | | inning of ye | | (B) End of year | |
| 22 | . • | investments | | | <u> </u> | <u>127,952</u> | | 108,514. | |
| 23 | | | _ | | <u> </u> | 75 00- | 23 | | |
| | | be ► <u>SEE STATEMENT 3</u> |) . | | <u></u> | 77,897 | | 96,154. | |
| | Total assets | . CEP CMAMPAPAM | | | | 205,849 | | 204,668. | |
| | votal liabilities (des | scribe ► <u>SEE STATEMENT 4</u> | | 22. | <u> </u> | 42,175 | | 24,126. | |
| | | balances (line 27 of column (B) r | | | | <u>163,674</u> | . [2] | 180,542. | |
| ВΑ | AV For Privacy Act and | d Paperwork Reduction Act Notic | ce, see the instruction | is for Form 99 | 7U. | | | Form 990-EZ (2008) | |

| Form 990-EZ (2008) SNOWMASS ROTARY | | | | -1 <u>59</u> | 1342 Page 2 |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------|-----------------|----------------------------------------------------------------------|
| Part III Statement of Program Ser | | | | | Expenses |
| What is the organization's primary exempt purpose? GR Describe what was achieved in carrying out th describe the services provided, the number of | ANTS FOR WORTHY CH e organization's exempt purp persons benefited, or other | ARITABLE ORGANIOSES In a clear and correlevant information for | IZATIONS Incise manner, each | and (4 4947(| ired for 501(c)(3) 4) organizations and a)(1) trusts, optional |
| program title 28 GRANTS FOR WORTHY CHARITA | | - | | for oth | ners.) |
| | | | | | |
| (Grants \$ 54,846.) If the | is amount includes foreign gi | rants, check here | | 28 a | 54,846. |
| 29 | | | | | |
| | | | | | |
| County 6 | | | ╌╌╌╌ | 00. | |
| (Grants \$) If th | is amount includes foreign gi | rants, check here | | 29 a | |
| · | | | | | |
| | | | | | |
| | is amount includes foreign gi | rants, check here | > | 30 a | |
| 31 Other program services (attach schedule (Grants \$) If the | e) Is amount includes foreign gi | rants, check here | ►□ | 31 a | |
| 32 Total program service expenses (add li | nes 28a through 31a). | , , , , , , , , , , , , , , , , , , , , | > | 32 | 54,846. |
| Part IV List of Officers, Directors | | | | | |
| (a) Name and address | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0) | (d) Contributions employee benefit plar deferred compensa | ns and | (e) Expense account and other allowances |
| BRUCE BAKER | PRESIDENT | | | 0. | 0. |
| PO BOX 5093 SNOWMASS VILLAGE, CO 81615 | 2.00 | | | | |
| STAN BROWN | TREASURER | 0. | | 0. | 0. |
| PO BOX 17085 | 2.00 | | | ١., | . |
| SNOWMASS VILLAGE, CO 81615 | | | | | |
| ALLEN_ADGER | SECRETARY | | | 0. | 0. |
| PO BOX 646 BASALT, CO 81621 | 2.00 | | | | |
| DASALI, CO 81621 | | | | | |
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| BAA | TEEA0812L 0 | 1/14/09 | | | Form 990-EZ (2008) |

| | The mornation (Note the Statement requirement in denotal moration V.) | _ | Yes | No | | | | |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------|--------------------------------------------------|--|--|--|--|
| | | | 165 | 110 | | | | |
| 33 | Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of | 33 | | x | | | | |
| 3/1 | each activity | | | | | | | |
| | 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, | | | | | | | |
| 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 990-1, attach a statement explaining your reason for not reporting the income on Form 990-T. | | | ا الـــــا | | | | |
| | a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? | 35 a | | Х | | | | |
| | b If 'Yes,' has it filed a tax return on Form 990-T for this year? | 35 b | | | | | | |
| 36 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N | 36 | | х | | | | |
| 37 | a Enter amount of political expenditures, direct or indirect, as described in the instructions | | | | | | | |
| | b Did the organization file Form 1120-POL for this year? | 37b | | X | | | | |
| 38 | 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? | 38 a | · — | $\overline{\mathbf{x}}$ | | | | |
| | b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A | | | | | | | |
| 39 | 501(c)(7) organizations. Enter: | 1 | | | | | | |
| | a Initiation fees and capital contributions included on line 9 | | | | | | | |
| | b Gross receipts, included on line 9, for public use of club facilities 39b N/A |] | | | | | | |
| 40 | a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under | | | | | | | |
| | section 4911 ► 0.; section 4912 ► 0., section 4955 ► 0. | | | <u> </u> | | | | |
| | b 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 | 40 b | | 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. | 40.0 | | | | | | |
| | List the states with which a copy of this return is filed NONE | 40 e | <u> </u> | <u> X</u> | | | | |
| 41 | List the states with which a copy of this feturn is filed > NONE | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 42 | a The books are in care of ► DEBORAH SMITH Telephone no. ► 970-9 | 48-0 | 068 | | | | | |
| | Located at ► PO BOX 379 BASALT CO ZIP + 4 ► 81621 | | - | | | | | |
| | | | - | | | | | |
| | 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)? | 42 b | Yes | No X | | | | |
| | 16 Non-Landau the masses of the feature according | 42.0 | | | | | | |
| | If res, enter the name of the foreign country | | | | | | | |
| | | | | } | | | | |
| | | j | | ļ | | | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. | | | اـــــا | | | | |
| | c At any time during the calendar year, did the organization maintain an office outside of the U.S ? | 42 c | | 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 | | ▶ 🗌 | N/A | | | | |
| | and enter the amount of tax-exempt interest received or accrued during the tax year | | | N/A | | | | |
| | | | Yes | No | | | | |
| | Did the expension maintain and depart educed funds? If 'Ves ' Form 000 must be completed instant | ſ | | ···• | | | | |
| 44 | 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 | AE | | x | | | | |
| RΔ | Form 990 must be completed instead of Form 990-EZ TEEA0812L 01/14/09 Fo | 45 rm 990 | F7 (| | | | | |

| Form 990- | EZ (2008) SNOWMASS ROTARY CLU | B CHARITABLE | | 84-1591 | 342 | P. | age 4 | | |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------|-----------------------------------------------------------------------|------------------------------------|-------------|-------------|--|--|
| Part VI | Section 501(c)(3) organizations | only. All section 5 | 01(c)(3) organiza | ations must answer qu | estions 4 | 16-4 | 9 | | |
| | and complete the tables for line | es 50 and 51. | | SEE ST | ATEMEN] | r 5 | | | |
| | | | | | | Yes | No | | |
| 46 Did to for n | the organization engage in direct or indirect within affice? If 'Yes,' complete Schoolile (| ct political campaign acti | ivities on behalf of c | or in opposition to candidate | s 46 | | X | | |
| | the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates bublic office? If 'Yes,' complete Schedule C, Part I | | | | | | | | |
| | Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II | | | | | | | | |
| | e organization operating a school as desc | | | | 48 | | <u>X</u> | | |
| 49 a Did t | the organization make any transfers to an | exempt non-charitable r | elated organization? | ? | 49a | | <u>X</u> | | |
| b If 'Ye | es,' was the related organization(s) a sect | on 527 organization? | | | 49b | | | | |
| 50 Com | inlete this table for the five highest compa | nested employees (other | r than officers direc | store trustage and key amn | ovees) who | 0 620 | -h | | |
| rece | plete this table for the five highest compeived more than \$100,000 of compensation | from the organization 1 | f there is none, ente | er 'None.' | oyces, win | o cac | 511 | | |
| | n) 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 and deferred compensation | (e) Expe account other allow | ense and | | | |
| NONE | | · · · · · · · · · · · · · · · · · · · | | | | | | | |
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| | | | | | | | | | |
| Total number | r of other employees paid over \$100,000 | · · · · · · · · · · · · · · · · · · · | | <u> </u> | • | | | | |
| Total Hambon | or other employees para ever tree, ever | | · · · - | | | | | | |
| irom | the organization If there is none, enter 'I (a) Name and address of each independent contr | | | (b) Type of service | (c) Compe | nsation | | | |
| NONE | | | | | | | | | |
| 7077 | | | | | | | | | |
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| | | | | | | | | | |
| Total num | ber of other independent contractors rece | ving over \$100,000 | > | | | | | | |
| | Under penalties of periury. I declare that I have exam | ined this return, including accom | panying schedules and sta | tements, and to the best of my know | edge and beli | ef, it is | | | |
| | true, correct and complete Declaration of preparer (| mier)man officer) is based on all | irilormation of which prepa | arer has any knowledge | | | | | |
| Ci | 1 /Klen Hok-H | l~ | | 12/4/1 | 14 | | | | |
| Sign Here | Signature of officer | <i>Y</i> | | Date | / | | — | | |
| nere | Signature of officer Date | | | | | | | | |
| | SECRETARY | | <u> </u> | | | | | | |
| | Type or print name and title | | | | | | | | |
| Paid | Preparer's |)n ~1 | Date | Check if See (See | arer's Identifyi instructions) | ng Nur | mber | | |
| Pre- | signature | ellan CA | 11/19/ | self- employed N/ | <u> </u> | | | | |
| parer's | Firm's name (or NED COLLUM CPA | C | | | | | | | |
| Use | yours if self- employed). > 351 SOUTHSIDE DI | RIVE | | EIN ► N | /A | | | | |
| Only | address, and BASALT, CO 8162: | | | Phone no ► (970) | | 780 |) | | |
| | RS discuss this return with the preparer sh | | tions | | X Yes | | No | | |
| | | | | | IN IES | | | | |
| BAA | | | | | Form 990 - | _ | (2008) | | |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545 0047

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

Department of the Treasury Internal Revenue Service Name of the organization

Total

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

Open to Public Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2008

SNOWMASS ROTARY CLUB CHARITABLE FOUNDATION 84-1591342 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is (Please check only **one** organization) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 5 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) 7 X 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 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 Type III - Functionally integrated d | Type II Type III- Other |Type | С 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 If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization 11 g (i) 11 g (ii) a family member of a person described in (i) above? (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11 q (iii) Provide the following information about the organizations the organization supports (v) Did you notify the organization in col (i) of your support? (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (i) Name of Supported Organization (vii) Amount of Support (ii) EIN (vi) Is the (iv) Is the inization in col listed in your organization in col (i) organized in the governing document? Yes Yes Yes No No

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

84-1591342 Schedule A (Form 990 or 990-EZ) 2008 Page 2 Part II | 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 1) Section A. Public Support Calendar year (or fiscal year (d) 2007 (e) 2008 (f) Total (a) 2004 (b) 2005 (c) 2006 beginning in) Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') 7,950 27,674 78,179. 22,802 19,753 2 Tax revenues levied for the organization's benefit and either paid to it or expended 0. on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to 0. the public without charge 7,950 19,753 27,674 0. 78,179. Total, Add lines 1-3 22,802. 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) 0. Public support. Subtract line 5 from line 4 78,179. Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 22,802 7,950 19,753. 27,674 0. 78,179. 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 249 1,762. 1,237 2,379 5,627. sımılar sources Net income form unrelated business activities, whether or not the business is regularly 0. carried on Other income Do not include gain or loss form the sale of capital assets (Explain in 0. Part IV) 11 Total support. Add lines 7 through 10 83,806. 12 0. Gross receipts from related activities, etc. (see instructions) 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) **►** X organization, check this box and stop here Section C. Computation of Public Support Percentage % 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f) 14 15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f 15 % 16a 33-1/3 support test - 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support test - 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 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-circumstances' test. The organization qualifies as a publicly supported organization. . . b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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 organization.

Schedule A (Form 990 or 990-EZ) 2008

Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

BAA

Schedule A (Form 990 or 990-EZ) 2008 SNOWMASS ROTARY CLUB CHARITABLE 84-1591342 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support Calendar year (or fiscal yr beginning in) ► (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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 Tax 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 6 Total, Add lines 1-5 7a Amounts included on lines 1. 2, 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 c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) ► (a) 2004 **(b)** 2005 (c) 2006(d) 2007 (e) 2008 (f) Total 9 Amounts from line 6 10 a Gross income from interest. dividends, payments received on securities loans, rents. royalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (add Ins 9, 10c, 11, and 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) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) % 15 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 % Section D. Computation of Investment Income Percentage Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 % 19a 33-1/3 support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33-1/3 support tests - 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18

is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

| Schedule A | (Form 99) | J or 990- | EZ) 200 | 8 2NO | WMA55 | RUTAR | K CTOR | CHARIT | ABLE | | 84-159 | 1342 | Page 4 |
|------------|----------------------------|---------------------------|-----------------|-----------------------------|---------------------|----------------------|----------------|-----------------------|------------------------|--------------------------|--------------------------|----------------------------|--------------|
| Part IV | Suppler Part II, | nental line 17a | Inform or 17 | ation. C b; or Pa | Completert III, III | e this p ne 12. F | art to provide | rovide th any othe | e explan er additio | ation requ nal inform | ured by P nation. (se | art II, line e instruct | 10; ions) |
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

| Name o | ame of the organization SNOWMASS ROTARY CLUB CHARITABLE Employer identification number | | | | | | | | |
|--------------------------|----------------------------------------------------------------------------------------------------------|-------------------|--------------------------------------------------|-----------------------------|---------------------------------------------------|--------------|----------------------------------------|-------------------------------|--|
| FOUNDATION 184-1591342 | | | | | | | | 2 | |
| Parl | art I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. | | | | | | | | |
| 1 | Indicate whether the organization | raised funds thi | rough any | of the foll | lowing activities Check | all that | apply | | |
| | Mail solicitations | | | | Solicitation of non- | governn | nent grants | | |
| | Email solicitations | | | | Solicitation of gove | rnment | grants | | |
| | Phone solicitations | | | | Special fundraising | | 3 | | |
| | In-person solicitations | | | | | | | | |
| _ | | | | | | | | | |
| 2 a | Did the organization have written of employees listed in Form 990, Par | or oral agreeme | ent with ar | y individu | ial (including officers, di | rectors, | trustees or key | Yes No | |
| | | | | | ·= | | | | |
| b | If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the | idividuals or ent | tities (func Form 990 | iraisers) p)F7 filers : | oursuant to agreements are not required to com | under w | /hich the fundra is table | iser is to be | |
| | Tomperisated at least \$0,000 by the | T Granization. | 1 01111 330 | JEE IIICIS | l lot required to com | | mount paid to | | |
| | (i) Name of individual | (ii) Activity | | fundraiser | (iv) Gross receipts | ` (or : | retained by) | (vi) Amount paid to | |
| | or entity (fundraiser) | `` | have custod | dy or control butions? | (iv) Gross receipts from activity | fundr | aiser listed in col (i) | (or retained by) organization | |
| | | | | | | ļ | COI (I) | Organization | |
| | | | Yes | No | | | | | |
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| | Takal | | | | | | | | |
| | Total | | | | | L | | | |
| 3 | List all states in which the organiz | ation is register | red or lice | nsed to so | olicit funds or has been | notified | it is exempt fro | m registration | |
| | or licensing. | | | | | | | | |
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| 04- | 1.37. | L.34Z |

Page 2

| rar | (II | Fundraising Events. Complete if reported more than \$15,000 on F | the organization a orm 990-F7 line 6 | nswered 'Yes' to Fo | orm 990, Part IV, II gross receints grea | ne 18, or ater than \$5,000 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------------|---------------------------------------------|-------------------------------------------------------|
| R | | reported more than \$15,000 on 1 | (a) Event #1 TASTE OF FALL (event type) | (b) Event #2 GOLF TOURNAMEN (event type) | (c) Other Events (total number) | (d) Total Events (Add col (a) through col (c)) |
| ポート・コンド | 1 | Gross receipts | 82,391. | 28,304. | | 110,695. |
| E | 2 | Less Charitable contributions | | | - | |
| | 3 | Gross revenue (line 1 minus line 2) | 82,391. | 28,304. | | 110,695. |
| | 4 | Cash prizes | <u> </u> | | | |
| ローRECT | 5 | Non-cash prizes | | | | |
| | 6 | Rent/facility costs | | | | |
| EXPEZSES | 7 | Other direct expenses | 35,636. | 4,215. | | 39,851. |
| | 9 | | nd 8 in column (d). | | > | 39,851. 70,844. |
| Par | t III | Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a | ation answered 'Ye | s' to Form 990, Par | t IV, line 19, or re | ported more than |
| MCZM <m2< td=""><td></td><td></td><td>(a) Bingo</td><td>(b) Pull tabs/Instant bingo/progressive bingo</td><td>(c) Other gaming</td><td>(d) Total gaming (Add col. (a) through col (c))</td></m2<> | | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (Add col. (a) through col (c)) |
| Ü E | 1 | Gross revenue | | | | |
| _ | 2 | Cash prizes | <u></u> | | | |
| D-RECT | 3 | Non-cash prizes | | | | |
| C S T E S | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | <u> </u> | | <u> </u> | |
| | 6 | Volunteer labor | Yes% | Yes% | Yes% | |
| | 7 | Direct expense summary Add lines 2 thr | ough 5 in column (d) | • | • | |
| | 8 | Net gaming income summary. Combine I | ines 1 and 7 in column | (d) | <u> </u> | |
| | ı Is th | er the state(s) in which the organization op ne organization licensed to operate gaming o,' Explain | | | | 9a |
| | | e any of the organization's gaming license es,' Explain | s revoked, suspended | or terminated during the | e tax year? | 10a |
| 11 | | s the organization operate gaming activities | | - | | 11 |
| 12 | Is thadm | ne organization a grantor, beneficiary or tri ninister charitable gaming? | ustee of a trust or a me | · · · · · · · · · · · · · · · · · · · | | 0 12 2008 |

| Schedule G (Form 990 or 990-EZ) 2008 SNOWMASS ROTARY CLUB CHARITABLE | 84-1591342 | | age 3 |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------|--------------|
| • | | YES | NO |
| 13 Indicate the percentage of gaming activity operated in | | | 1 |
| a The organization's facility | 13a % | | |
| b An outside facility . | 13b % | | |
| 14 Provide the name and address of the person who prepares the organization's gaming/special of | events books and records: | Į | |
| Name | | | |
| Address: | | | |
| 15 a Does the organization have a contact with a third party from whom the organization receives g | aming revenue? | 15a | |
| 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. | | 1 | Ì |
| | | | |
| Name ► | | | |
| Address: • | | | |
| 16 Gaming manager information | | | |
| Name • | | | |
| Gaming manager compensation ► \$ | | | |
| Description of services provided: | | | |
| ☐ Director/officer ☐ Employee ☐ Independent contractor | | | |
| 17 Mandatory distributions | | | |
| a Is the organization required under state law to make charitable distributions from the gaming state gaming license? | proceeds to retain the | 17a | |
| b Enter the amount of distributions required under state law distributed to other exempt organization | ations or spent in the | | |
| organization's own exempt activities during the tax year: ▶ \$ | | | |
| BAA TEEA3703L 07/18/08 | Schedule G (Form 990 | or 990-EZ | 2008 |

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| 2008 · | FEDERAL STATEMENTS | PAGE 1 | |
|----------------------------------------------------------------------|--------------------------------------------|--------------|--|
| CLIENT SMCHARIT | SNOWMASS ROTARY CLUB CHARITABLE FOUNDATION | 84-1591342 | |
| 11/17/09 | | 04 20PM | |
| STATEMENT 1 FORM 990-EZ, PART I, LINE 1 GRANTS AND SIMILAR AMO | IO UNTS PAID | | |
| DONEE'S NAME: CASH AMOUNT GIVEN: | ASPEN YOUTH CENTER | \$ 2,000. | |
| DONEE'S NAME: CASH AMOUNT GIVEN: | CMC LEADERSHIP YOUTH ASSENT | \$ 1,050. | |
| DONEE'S NAME: CASH AMOUNT GIVEN: | DICTIONARIES | \$ 2,052. | |
| DONEE'S NAME: CASH AMOUNT GIVEN: | RYLA YOUTH LEADERSHIP | \$ 700. | |
| DONEE'S NAME: CASH AMOUNT GIVEN: | CHALLENGE ASPEN | \$ 3,000. | |
| DONEE'S NAME: CASH AMOUNT GIVEN: | CHRISTMAS WISH | \$ 2,000. | |
| DONEE'S NAME: CASH AMOUNT GIVEN: | EXTREME SPORTS CAMP | \$ 2,500. | |
| DONEE'S NAME: CASH AMOUNT GIVEN: | LITTLE RED SCHOOLHOUSE | \$ 4,800. | |
| DONEE'S NAME: CASH AMOUNT GIVEN: | MISC LOCAL CONTRIBUTIONS | \$ 4,644. | |
| DONEE'S NAME: CASH AMOUNT GIVEN: | DENAN PROJECT | \$ 3,000. | |
| DONEE'S NAME: CASH AMOUNT GIVEN: | HAITI NURSING FOUNDATION | \$ 8,960. | |
| DONEE'S NAME: CASH AMOUNT GIVEN: | NICARAGUA - PIG FARM | \$ 2,000. | |
| DONEE'S NAME: CASH AMOUNT GIVEN: | BASALT HIGH SCHOOL SCHOLARSHIP | \$ 4,000. | |
| DONEE'S NAME: CASH AMOUNT GIVEN: | ALPINE LEGAL SERVICES | \$ 2,500. | |
| DONEE'S NAME: CASH AMOUNT GIVEN: | ASPEN CAMP SCHOOL FOR THE DEAF | \$ 5,000. | |
| DONEE'S NAME: CASH AMOUNT GIVEN: | GUATEMALA LITERACY | \$ 2,000. | |
| DONEE'S NAME: CASH AMOUNT GIVEN: | NICARAGUA CHILDREN OF THE DUMP | \$ 2,000. | |
| | | | |

". F. S. . ' . . 2008 FEDERAL STATEMENTS PAGE 2 **SNOWMASS ROTARY CLUB CHARITABLE CLIENT SMCHARIT FOUNDATION** 84-1591342 11/17/09 04 20PM STATEMENT 1 (CONTINUED) FORM 990-EZ, PART I, LINE 10 **GRANTS AND SIMILAR AMOUNTS PAID** DONEE'S NAME: ORPHAN ACT CASH AMOUNT GIVEN: 2,641. STATEMENT 2 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES ADMINISTRATIVE FEES 2,859. ENDOWMENT FUND EXPENSES 6,457. 72<u>0.</u> STORAGE UNIT 10,036. TOTAL \$ **STATEMENT 3** FORM 990-EZ, PART II, LINE 24 OTHER ASSETS BEGINNING ENDING 77,897. \$ 77,897. \$ 96,154. 96,154. ENDOWMENT FUND STATEMENT 4 FORM 990-EZ, PART II, LINE 26 **TOTAL LIABILITIES** BEGINNING ENDING ACCOUNTS PAYABLE AND ACCRUED EXPENSES 33,425. \$ 20,126. 4,000. 8,750. **GRANTS PAYABLE** 42,175. \$ <u>24,126.</u> TOTAL \$ STATEMENT 5 FORM 990-EZ, PART VI REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

NO