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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

Form 990-EZ

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)

2008

Open to Public
Inspection► 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.

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

B Check if applicable

 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

C Name of organization

RECREATIONAL VEHICLE FELLOWSHIP
OF ROTARIANS, N.A., INC.

D Employer identification number

85-0400087

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

18560 BERT ROAD

Room/suite

E Telephone number

909-241-2354

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

RIVERSIDE, CA 92508-8810

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: ► RVFELLOWSHIPOFROTARY.ORG

H Check ► if the organization is notJ Organization type (check only one) 501(c) (7) (insert no.) 4947(a)(1) or 527 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 ► \$ 18,981.

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	16,051.
3	Membership dues and assessments	3	2,745.
4	Investment income	4	
5a	Gross amount from sale of assets other than inventory	5a	
b	Less: cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ►	6c	
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b	Less: direct expenses other than fundraising expenses	6b	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7c	
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less: cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	185.
8	Other revenue (describe ► INTEREST INCOME)	9	18,981.
9	Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		
10	Grants and similar amounts paid (attach schedule)	10	5,975.
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	3,289.
16	Other expenses (describe ►)	16	20,306.
17	Total expenses. Add lines 10 through 16	17	29,570.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-10,589.
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	29,876.
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	19,287.

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	29,876.	22 19,287.
23	Land and buildings		23
24	Other assets (describe ►)		24
25	Total assets	29,876.	25 19,287.
26	Total liabilities (describe ►)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	29,876.	27 19,287.

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12-17-08 LHA 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.)				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? SEE STATEMENT 4				
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 PROVIDE FUNDS TO SUPPORT THE HIGHWAY SAFETY PROGRAM OF VARIOUS POLICE AND FIRE DEPARTMENTS ACROSS THE UNITED STATES (Grants \$ 4,975.) If this amount includes foreign grants, check here ► <input type="checkbox"/>				28a 4,975.
29 PROMOTE FELLOWSHIP BY PARTICIPATING IN CARAVANING RV'S AND RALLIES. (Grants \$ 22,156.) If this amount includes foreign grants, check here ► <input type="checkbox"/>				29a 22,156.
30 OTHER CHARITABLE PURPOSES (Grants \$ 1,000.) If this amount includes foreign grants, check here ► <input type="checkbox"/>				30a 1,000.
31 Other program services (attach schedule) (Grants \$ 31a) If this amount includes foreign grants, check here ► <input type="checkbox"/>				31a
32 Total program service expenses (add lines 28a through 31a)				32 28,131.
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
REBRA LOVRIE, 914 SW COAST HWY #104, NEWPORT, OR 97365	PRESIDENT-ELECT 1.00	0.	0.	0.
BOB CRAIG 59 WIGWAM DR, PENNELLVILLE, NY 13132	VICE-PRESIDENT 1.00	0.	0.	0.
BYRON MAXWELL PO BOX 1586, BOERNE, TX 78006	TREASURER 1.00	0.	0.	0.
JIM SMITH, 13109 DELBARTON ST, SPRINGHILL, FL 34609	IMMEDIATE PAST PRESIDENT 1.00	0.	0.	0.
KIRK GREINER 18226 SUNSET WAY, EDMONDS, WA 98026	MEMBER 1.00	0.	0.	0.
DOC BARNETT PO BOX 212, EAST HAMPTON, MA 01027	DIRECTOR 1.00	0.	0.	0.
GLEN DUYSEN 11946 ROAD 248, PORTERVILLE, CA 93257	DIRECTOR 1.00	0.	0.	0.
JERRY HALEY 10211 VAN PARKER LANE, GALT, CA	MEMBERSHIP CHAIR 1.00	0.	0.	0.
JACK SPENCER 3100 ELM ST, BAKERSFIELD, CA 93301	DIRECTOR 1.00	0.	0.	0.
CARTER WIND 295 LUCK RUN RD, LEBANON, KY 40033	DIRECTOR 1.00	0.	0.	0.
CLYDE GLOSSON, 1409 PONY EXPRESS LANE, COPPERAS COVE, TX 76522	MEMBER 1.00	0.	0.	0.
MIKE PINSON, 1134 CEDAR OAK LANE, HARKER HEIGHTS, TX 76548	MEMBER 1.00	0.	0.	0.
BOB SCOTT 318 N SHORE RD, CUBA, NY 14727	MEMBER 1.00	0.	0.	0.
RICHARD WARD PO BOX 3483, ESTES PARK, CO 80517	VICE-PRESIDENT 1.00	0.	0.	0.
AL BRIEGER, 104 LAUREL RIDGE, SAN MARCOS, TX 76548	PRESIDENT 1.00	0.	0.	0.

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

33 Did the organization engage in any activity not previously reported to the IRS? 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 IRS? If "Yes," attach a conformed copy of the changes
 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?

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 Sch. N

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0.

37b 0.

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

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?

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 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A

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

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

41 List the states with which a copy of this return is filed. ► NONE

42a The books are in care of ► THE ORGANIZATION Telephone no. ► 909-241-2354
 Located at ► 18560 BERT ROAD, RIVERSIDE, CA ZIP + 4 ► 92508

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: ► _____

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 N/A

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

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

	Yes	No
33	<input checked="" type="checkbox"/>	<input type="checkbox"/>
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
36	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
39a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
39b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40e	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	Yes	No
42b	<input checked="" type="checkbox"/>	<input type="checkbox"/>
42c	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	Yes	No
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>
45	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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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	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 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 N/A	(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 is none, enter "None."

N/A	(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 ►			

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		
	Date <i>5-15-10</i>		
<div style="display: flex; align-items: center;"> ► <i>Robert (Bob) Traister</i> Signature of officer </div> <div style="display: flex; align-items: center; margin-top: 10px;"> ► BOB TRAISTER, TREASURER Type or print name and title </div>			
Paid Preparer's Use Only	Preparer's signature <i>Kenneth N. Hodder III CPA</i>	Date MAY 13 2010	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 SOREN MCADAM CHRISTENSON LLP 2068 ORANGE TREE LANE, SUITE 100 REDLANDS, CA 92374	Preparer's Identifying Number (See instr) EIN (909) 798-2222 Phone no. (909) 798-2222	

May the IRS discuss this return with the preparer shown above? See instructions

► Yes No

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FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
DESCRIPTION		AMOUNT
OFFICE SUPPLIES		1,429.
FILING FEES		10.
RALLY EXPENSES		18,867.
TOTAL TO FORM 990-EZ, LINE 16		20,306.

FORM 990-EZ	CASH GRANTS AND ALLOCATIONS	STATEMENT 2	
CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS		DONEE'S RELATIONSHIP	AMOUNT
HIGHWAY SAFETY PROGRAM CITY OF ST. CHARLES FIRE DEPARTMENT 118 N 2ND STREET SUITE 214 ST CHARLES, MO 63301		NONE	1,975.
HIGHWAY SAFETY PROGRAM KERVILLE POLICE DEPARTMENT 429 SIDNEY BAKER STREET KERVILLE, TX 78028		NONE	3,000.
CHARITABLE ROTARY INTERNATIONAL FOUNDATION 1560 SHERMAN AVE EVANSTON, IL 60201		BOARD ARE MEMBERS OF VARIOUS ROTARY	1,000.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10			5,975.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 3

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

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STATEMENT 4

TO PROMOTE FELLOWSHIP AND FRIENDSHIP AMONG ALL ROTARIANS WHILE PROVIDING ASSISTANCE TO HIGHWAY SAFETY PROGRAMS AROUND THE UNITED STATES