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Form **990-EZ**

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

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning 7/01, 2008, and ending 6/30, 2009	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C ROTARY INTERNATIONAL MESA ROTARY CLUB 2733 N. POWER ROAD, STE.102, PMG605 MESA, AZ 85201
D Employer identification number 86-6003870	E Telephone number 480-835-1124
F Group Exemption Number	
G Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶	
H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
I Website ▶ N/A	
J Organization type (check only one) — <input checked="" type="checkbox"/> 501(c) (4) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K Check <input type="checkbox"/> 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. ▶ \$ 75,525.	

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	72,480.
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 <input type="checkbox"/>		
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)	6c	
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)	7c	
8	Other revenue (describe ▶ See Statement 1)	8	3,045.
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	75,525.
10	Grants and similar amounts paid (attach schedule) See Statement 2	10	9,147.
11	Benefits paid to or for members	11	50,578.
12	Salaries, other compensation, and employee benefits	12	12,800.
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	1,474.
16	Other expenses (describe ▶ See Statement 3)	16	18,271.
17	Total expenses (add lines 10 through 16)	17	92,270.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-16,745.
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	13,286.
20	Other changes in net assets or fund balances (attach explanation) See Statement 4	20	5,264.
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	1,805.

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	17,841.	22 7,757.
23 Land and buildings		23
24 Other assets (describe ▶ See Statement 5)	9,661.	24
25 Total assets	27,502.	25 7,757.
26 Total liabilities (describe ▶ See Statement 6)	14,216.	26 5,952.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	13,286.	27 1,805.

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

Form 990-EZ (2008)

SCANNED JUL 07 2010

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Part III Statement of Program Service Accomplishments (See the instructions.)**Expenses**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

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)

28			
(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	28 a
29			
(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	29 a
30			
(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	30 a
31	Other program services (attach schedule)		
(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	31 a
32	Total program service expenses (add lines 28a through 31a)	<input type="checkbox"/>	32

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.)

(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 and deferred compensation	(e) Expense account and other allowances
JASON FARNSWORTH 959 N. NEW HAVEN MESA, AZ 85205	Director 0	0.	0.	0.
JARED COX 2715 E. HERMOSA DRIVE MESA, AZ 85203	Director 0	0.	0.	0.
SALLY DOWNEY 1313 N. CONNER AVENUE MESA, AZ 85206	Director 0	0.	0.	0.
TOM VERPLOGEN 58 WEST MAIN STREET MESA, AZ 85201	President & CEO 0	0.	0.	0.
DOUGLAS GRAY 40 WEST BROWN ROAD, # 106 MESA, AZ 85201	Treasurer 0	0.	0.	0.
SALLY HARRISON 10420 E. PLATA MESA, AZ 85259	Secretary 0	0.	0.	0.
STEVE BECK 1866 E. LOCKWOOD STREET MESA, AZ 85236	Director 0	0.	0.	0.
CRIS TUTERA 1001 WEST SOUTHERN # 106 MESA, AZ 85210	PRES. ELECT 0	0.	0.	0.
RICH CURTIS 8441 E. OCASO AVENUE MESA, AZ 85212	Director 0	0.	0.	0.

Part V Other Information (Note the statement requirement in General Instruction V.)

	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 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 instructions		
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		
39 501(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 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ <u>N/A</u> , section 4912 ▶ <u>N/A</u> , section 4955 ▶ <u>N/A</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		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 ▶ <u>None</u>		

42a The books are in care of ▶ DOUGLAS A. GRAY Telephone no ▶ 480/835/1124
 Located at ▶ 40 West Brown Road # 106, Mesa, AZ ZIP + 4 ▶ 85201

	Yes	No
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 ▶ _____		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a 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 ▶ _____		X

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 ▶ ☐ N/A
 ▶ **43** N/A

	Yes	No
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

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.

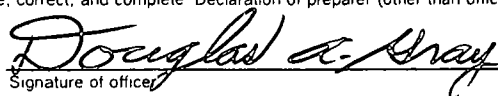
	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		
48 Is the organization 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 and 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.'

(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 ▶		

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 <u>5/12/10</u>	
	DOUGLAS A. GRAY Type or print name and title		Treasurer	
Paid Preparer's Use Only	Preparer's signature ▶	Non-Paid Preparer	Date	Preparer's Identifying Number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶		EIN ▶	
			Phone no ▶	

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

▶ ☐ Yes ☒ No

BAA

Form 990-EZ (2008)

2008

Federal Statements

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ROTARY INTERNATIONAL MESA ROTARY CLUB

86-6003870

5/13/10

01 26PM

Statement 1
Form 990-EZ, Part I, Line 8
Other Revenue

	\$	3,045.
Total	\$	<u>3,045.</u>

Statement 2
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts PaidPayments to Affiliates

Name:	ROTARY DISTRICT	
Address:	50 W. COURTNEY LAND	
	TEMPE, AZ 85284,	
Purpose of payment:	DUES	
Amount:		\$ 3,558.

Name:	ROTARY INTERNANTIONAL	
Address:	1 ROTARY CTR. 1600 SHERMAN AVE	
	EVANSTON, IL 60201,	
Purpose of payment:	DUES	
Amount:		\$ 5,589.

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

ARIZONA CORPORATION COMMISSION	\$ 20.
COMMUNITY PROJECTS	1,525.
Conferences, Conventions, and Meetings	1,942.
CREDIT CARD CHARGES	1,737.
INTERNATIONAL PROJECTS	1,819.
PAUL HARRIS FOUNDATION	3,495.
ROTARY INTERNATIONAL FLOAT	100.
SUPPLIES	226.
WEBSITE	1,141.
YOUTH EXCHANGE PROGRAM	6,266.
Total	\$ <u>18,271.</u>

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

REDUCTION OF PRIOR YEAR AMOUNTS PAYABLE	\$ 5,264.
Total	\$ <u>5,264.</u>

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ROTARY INTERNATIONAL MESA ROTARY CLUB

86-6003870

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

	<u>Beginning</u>	<u>Ending</u>
Accounts Receivable	\$ 9,661.	\$ 0.
Total	<u>\$ 9,661.</u>	<u>\$ 0.</u>

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

	<u>Beginning</u>	<u>Ending</u>
FUNDRAISER CLEARING ACCOUNT	\$ 2,116.	\$ 0.
PAYABLE TO ROTARY FOUNDATION	12,100.	5,952.
Total	<u>\$ 14,216.</u>	<u>\$ 5,952.</u>

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

ORGANIZE AND OPERATE EVENTS WHICH BENEFIT CHILDREN INCLUDING PROVIDING SPECIALLY DESIGNED DEVICES TO HANDICAPPED CHILDREN, AND PROVIDING CHILDREN WITH FREE INNOCULATIONS. THESE SERVICES BENEFIT OVER 1400 CHILDREN.

TO FORM 990-EZ	GRANTS	EXPENSES
LINE 28		\$50,578