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Department of the Treasury

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)

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

ROTARYFOUND 1 42 PM OMB No 1545-0047 2008 Open to Public

Form 990 (2008)

inter	nai Rovenue			IICIII3	Hispection
<u>A</u>	For the 200	8 calendar year, or tax year beginning $7/01/08$, and ending $6/30/0$)9		
В	Check if applica	ble Please C Name of organization ROTARY CLUB OF CARSON CITY		D Emplo	yer identification number
\Box	Address change	e use IRS FOUNDATION			
一	_	label or print or Doing Business As		94-	2952454
	Name change	type. Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telepho	one number
اليا	Initial return	See PO BOX 504	1.00		
\bigcap	Termination	Specific	<u> </u>	G Gross recei	ots \$ -23,849
X,	Amandad satur	"""		G Gloss ledel	257013
	Amended return		 -	H/a) la ibra s	a arawa satura far
\sqcup	Application pen	ding F Name and address of principal officer			a group return for s? Yes X No
				affiliate H(b) Are all	affiliates 🖂 🖂
				include	
				If "No,"	attach a list (see instructions)
	Tax-exempt			4	
<u>J</u>	Website:	NONE		H(c) Group	exemption number
	Type of organi		Year of formation		M State of legal domicile
P	art I	Summary			
	1 Brief	fly describe the organization's mission or most significant activities			
	P.	UBLIC SERVICE			
2					
Jar					
err					
Š	2 Che	ck this box 🕨 🔲 if the organization discontinued its operations or disposed of more than	25% of its assets	1 1	
~	3 Num	iber of voting members of the governing body (Part VI, line 1a)		3	
es	4 Num	ber of independent voting members of the governing body (Part VI, line 1b)		4	
Activities & Governance	5 Tota	il number of employees (Part V, line 2a)		5	
ζţ	6 Tota	I number of volunteers (estimate if necessary)		6	
•	7a Tota	il gross unrelated business revenue from Part VIII, line 12, column (C)		7a	
	b Net	unrelated business taxable income from Form 990-T, line 34		7b	0
			Prior Ye		Current Year
•	8 Con	tributions and grants (Part VIII, line 1h)	4	8,514	29,716
Revenue	9 Prog	gram service revenue (Part VIII, line 2g)			
eVe	10 Inve	stment income (Part VIII, column (A), lines 3, 4, and 7d)		8,582	11,143
œ	11 Othe	er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	_	2,142	-64,708
	1	il revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5	4,954	-23,849
		nts and similar amounts paid (Part IX, column (A), lines 1-3)	12	8,738	24,545
		efits paid to or for members (Part IX, column (A), line 4)	-		
		ines, other compensation, employee benefits (Part IX, collection) ined () ined ()			
enses					
eu	h Tota	I fundament average (Bot IX actions (D) to 255			
Exp	47 Oth	er expenses (Part IX, column (A), lines 11a-11d, 11to 41) MAY 1 7 2010		5,309	5,106
	'' ''	er expenses (Part IA, Column (A), lines 11a-11d, Integral)		4,047	29,651
	10 1018	il expenses Add lines 13-17 (must equal Fait IX, conditit (A), line 23)		9,093	-53,500
- v	19 Rev	enue less expenses Subtract line 18 from line 12 OGDEN, UT.	Beginning		End of Year
sts	20 Tota	al assets (Part X, line 16)		3,146	266,575
Net Assets or Fund Balances	20 Tota	il labilities (Part X, line 26)		3,071	
Net Z	21 10ta	assets or fund balances Subtract line 21 from line 20		0,075	266,575
	art II	Signature Block	<u> </u>	0,015	200,313
	G1 L 11				
,		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and belief, it, is fine, correct, and complete Declaration of preparer (other than officer) is based on all info			
		\sim \sim \sim \sim	•		
Sig	-	how / will			1110110
He	re	Signature of officer		Date	
		Lovi Haney / reasurer			
<u> </u>		Type or print name and title			
		Preparer's Date	Check		Preparer's identifying number (see instructions)
Pai		signature phonelan 05/0	La / 6 self-	_{yed} ▶ 🛚	P00136923
	eparer's	(/ JOHN F. MCKENNA, CPA		EIN	<u> </u>
Us	e Only	frm's name (or yours of self-employed),		Phone	·
		address, and ZIP + 4 CARSON CITY, NV 89702-0695		no ►	775-883-2908
May	the IRS di	scuss this return with the preparer shown above? (see instructions)		1 110	Yes No
	,				

DAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Part IV , Checklist of Required Schedules

3 Det he organization engage in direct or indirect political camagina activities on behalf of or in opposition to candidates for public office? If Yes, "complete Schedule C, Part II 5 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If Yes," complete Schedule C, Part III 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) motives and reporting requirement and price you bit? If Yes, "complete Schedule C, Part III 5 Did the organization maintain and opport on a wheel which is a reporting requirement and price you bit? If Yes," complete Schedule C, Part III 6 Did the organization maintain and ease of historic structures? If Yes, complete Schedule D, Part II 7 Did the organization receive or hold a conservation easesment, including easements to preserve open space, the environment, historic lind rease, or historic structures? If Yes, complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If Yes," complete Schedule D, Part II 8 Did the organization maintain oblections of works of art, historical treasures, or other similar assets? If Yes," complete Schedule D, Part IV 9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not bated in Part X, X, or provide credit counseling, debt management, credit repair, or debt in engotiation services? If Yes," complete Schedule D, Part V 10 Did the organization report an amount in Part X, line 10, 12, 13, 15, or 25° If Yes," complete Schedule D, Part V 10 Did the organization report an amount in Part X, line 10, 12, 13, 15, or 25° If Yes," complete Schedule D, Part X, XII, and XIII 11 X 12 Did the organization report on a marked financial statement for the year for which it is completing this return that was prepared in accordance with GAPP If Yes, complete Schedule D, Part XI, XII, and XIII 12 Did the organization report on a audied financial statement				162	NO
2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in price of or index optimized ciliary and interest or index optimized in the property of the organization organization of the organization of the organization of the organization organization of the organization organization of the organization organization of the organization organizatio	1			77	
3 Del the organization engage in direct or indirect golitical camagain activities on behalf of or in opposition to candidates for public offices? If Yes, "complete Schedule C. Part I I Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If Yes," complete Schedule C. Part I II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6003(e) notice and reporting requirement and price part of Yes." Complete Schedule C. Part I II 5 Did the organization maintain any obern advised by the organization antical and your obern activities of accounts? If Yes," complete Schedule C. Part I II 7 Did the organization antical and your obernative structures? If Yes," complete Schedule D. Part I I 7 Did the organization antical and areas, or historic structures? If Yes," complete Schedule D. Part I I 7 Did the organization antical areas, or historic structures? If Yes," complete Schedule D. Part I I 7 Did the organization antical areas or works of art, historical treasures, or other similar assets? If Yes," complete Schedule D. Part I V 1 Did the organization antical part X, inc. 21, serve as a custodan for amounts not listed in Part X, or provide cordic cursiseting, debt management, credit repair, or debt negotiation services? If Yes," complete Schedule D. Part V 1 Did Did the organization hold assets in term, permanent, or quasi-endorwentity? If Yes," complete Schedule D. Part V 1 Did Did the organization hold assets in term, permanent, or quasi-endorwentity? If Yes, complete Schedule D. Part V 1 Did Did the organization recover an audited financial statement for the year for which it is completing Schedule D. Part V 1 Did Did the organization recover an audited financial statement for the year for which it is completed Schedule D. Part X I II X I Y 1 Did the organization association schedule and the All Yes, complete Schedule D. Part X I, III A I I I I X I I Did the organization have agreed an accordance with CAPP If Yes, complete Schedule D. Part X	•	·			37
canadiates for public office? If "res," complete Schedule C, Part I Section 691(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Description (1) organization and proxy tax? If "res," complete Schedule C, Part III Description or include and reporting requirement and proxy tax? If "res," complete Schedule C, Part III Description or include and reporting requirement and proxy tax? If "res," complete Schedule C, Part III Description or include and an advised funds or any accounts where denors have the right to grow a device on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule C, Part III Description or include and a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III Description or include an account in Part X, Inca 21, serve as a custodian for amounts not lated in Part X, or provide credit counseling, debt in anagement, credit repair, or debt negotiation report an amount in Part X, line 21, serve as a custodian for amounts not lated in Part X, or provide credit counseling, debt in anagement, credit repair, or debt negotiation report an amount in Part X, lines 10, 12, 13, 15, or 29 if Irves," complete Schedule D, Part IV De dit the organization report an amount in Part X, lines 10, 12, 13, 15, or 29 if Irves," complete Schedule D, Part X, III A, III			2		X
4 Section 591(c)(3) organizations. Did the organization engage in lobbyring activities? If Yes," complete Schedule C, Part III 5 Section 591(c)(4), 591(c)(5), and 591(c)(5) organizations is the organization subject to the section 6033(e) incide and reporting requirement and proxy tax? If Yes," complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or afly accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Yes," complete Schedule C, Part III 7 Did the organization maintain any donor advised funds or afly accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Yes," complete Schedule D, Part III 8 Did the organization maintain any donor advised funds or afly accounts? If Yes," complete Schedule D, Part III 9 Did the organization maintain officiations of vorks of art. historical treasurus, or other similar assets? If Yes," complete Schedule D, Part IV 10 Did the organization have a seate any account of the part or debt negotiation services? If Yes," complete Schedule D, Part IV 11 Did the organization have a seate any account of the part or debt negotiation services? If Yes," complete Schedule D, Part V 12 Did the organization have agreement, credit repair, or debt negotiation services? If Yes, "complete Schedule D, Part V 13 Did the organization have agreement, and the part of years for which it is completing this return that was prepared in accordance with GAAP? If Yes," complete Schedule D, Part X II, II, II, II, II, II, II, II, II, I	3	· · · · · · · · · · · · · · · · · · ·	١,		v
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complete Schedule D, Part IV Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, X, or X as applicable Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 12	9				
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that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII is the organization a school described in section 170(b)(1)(A)(iy)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the U.S? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11° If "Yes," complete Schedule G, Part III 18 Did the organization report more than \$15,000 on Part IX, column (A), line 12° If "Yes," complete Schedule G, Part III 19 Did the organization report more than \$15,000 on Part IX, column (A), line 12° If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 Did the organization report more than \$5,000 on Part IX, column (A), line 12° If "Yes," complete Schedule I, Parts I and III 21 Did the organization report more than \$5,000 on Part IX, column (A), line 12° If "Yes," complete Schedule I, Parts I and III 22 Did the organization report more than \$5,000 on Part IX, column (A), line 2° If "Yes," complete Schedule I, Parts I and III 23 Did the organization report more than \$5,000 on Part IX, column (A), line 12° If "Yes," complete Schedule I, Part III 24 Did the organization have a tax-exempt bond issue with an outstanding amount of more	12	••	11	^	
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24b—24d and complete Schedule K. If "No," go to question 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I 25b 27 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 25d 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 27		- · · · · · · · · · · · · · · · · · · ·			
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to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 27	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 24d 25a 25b 25c 27c 28d 29d 29d 20d 20d 20d 20d 20d 20	С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 27		•	24c		
with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I 25b 26b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 27c Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 27c 28d 28d 28d 28d 28d 28d 28d 28	d		24d		
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 27	25a				
person from a prior year? If "Yes," complete Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 25b 26 27 28 29 29 20 20 20 21 22 23 24 25 26 27 28 28 29 20 20 20 20 20 20 20 20 20		·	25a		<u>x</u>
Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 27	þ				v
disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 27	26		25D		<u> </u>
Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	.0	·	20		x
substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	· · · · · · · · · · · · · · · · · · ·	20		<u></u>
	••		27		x
				990	

94-2952454

Page 4

Part IV , Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		<u>X</u>
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		X
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		<u>x</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		_X_
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		X
		Form	990	(2008)

Form **990** (2008)

Form 990 (2008) ROTARY CLUB OF CARSON CITY 94-2952454 Page 5 Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 1a U.S. Information Returns. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable X gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see Did the organization have unrelated business gross income of \$1,000 or more during the year covered by 3a X За 3b h If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 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 X 4a account)? **b** 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 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c X 6a Did the organization solicit any contributions that were not tax deductible? 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). Did the organization provide goods or services in exchange for any quid pro quo contribution of more than X 7a 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X 7с required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f f 7g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as X 7h required? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring 8 X organization, have excess business holdings at any time during the year? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. 9a Did the organization make any taxable distributions under section 4966? 9b b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b Section 501(c)(12) organizations. Enter 11 11a a Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b

Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

If "Yes," enter the amount of tax-exempt interest received or accrued during the year

12a

12a

	required by the Internal Revenue Code.)		•	
Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O. See instructions			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent	_		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	·	X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	L	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			ļ
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		X
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
_	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		<u> </u>
Sec	tion B. Policies	 		
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		-
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	4		.
a	The organization's CEO, Executive Director, or top management official?	15a		X
b	Other officers or key employees of the organization?	15b		_
40-	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	46-		x
.	with a taxable entity during the year? If "Yes," has the engagination edepted a written polycular according regularing the engagination to evaluate	16a		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sec	etion C. Disclosure	1 100		
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ► CARSON CITY ROTARY FOUNDATION PO BOX 504			
C2	ARSON CITY NV 89702-0504			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest <u>compensated employees</u>, and former such persons

ALAN GLOVER PRESIDENT DONALD HATAWAY SECRETARY LEE SMITH PREASURER O O O O O O O O O O O O O O O		(F) Estimated amount of		(E) Reportable compensation		(I Repo compe		(C) Position (check all that apply)					hours nor		(A) me and Title		
RESIDENT 0 0 DONALD HATAWAY ECRETARY 0 0 LEE SMITH	other bensation om the inization related nizations	co or a	elated ations	from orga	tion	fro th organi	Former	Highest compensated employee	Key employee	Officer	Institutional trustee	Individual trustee or director	week				
ECRETARY 0 0			0		0										IDENT		
			o		0									AY	ETARY		
			0		0												
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Page 8

Par	t VII Section	A. Officers, Directors, Trus	stees	, Ke	y En	ploy	/ees,	an	d Highest Compensated E	mployees (continued)			
	(A) ,	(B)				C)			(D)	(E)		(F)	
	Name and title	Average hours per week	ndividual trustee o or director	_	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	am comp fro orga and	imated bunt of other ensation im the nization related nizations	
	,				ļ <u></u>				-				
			_										
			igdash										
			\vdash										-
													
			-										
1b 2	Total	dividuals (including those in 1	12) 14	ho ro		od m	ore t	<u>▶</u> han	\$100,000 in reportable com	nensation from the			
	organization ► 0			-	CCIV	eu ii	10.6	ııaıı		pensation from the			
3	employee on line 1 For any individual I the organization ar individual	n list any former officer, dire a? If "Yes," complete Schedi listed on line 1a, is the sum o and related organizations grea	ule J of repo ter th	for s ortab an \$	uch i le co 150,	ndivi ompe 0007	dual ensat	ion : es,"	and other compensation from	m ich	3		X X
5	Did any person list services rendered	ed on line 1a receive or accr to the organization? If "Yes,"	ue com	mpe plete	nsat Sch	ion fi edul	rom a e J fo	any i or su	unrelated organization for uch person		5		_ x _
Sect	tion B. Independer	nt Contractors											
1	Complete this table compensation from		nsate	ed inc	depe	nder	nt cor	ntrac				(C)	
		(A) Name and business address						-	Descrip	(B) tion of services		(C) Compensa	tion
								_				<u> </u>	
								\vdash					
										· · · · · · · · · · · · · · · · · · ·			
		······································											
2		dependent contractors (incluing the organization ▶	ding t	hose	ın 1) wh	o rec	eıve	ed more than \$100,000 in			0	
DAA											F	rm 990	(2008)

Pa	rt V	<u>III , Statement</u>	of Reveni	16					
	•	•				(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
50 10	4.	Coderated someone					revenue	-, -,	512, 513, or 514
ᆵ	ıa	Federated campaign		+					<u> </u>
Βã	D	Membership dues	1b						
fs,	C	Fundraising events	<u>1c</u>	<u></u>		İ			
<u>.gʻē</u>	d	Related organization							1
Sins	е	Government grants (contribu	tions) 1e						1
i i i	f	All other contributions, gifts,							
ēŧ		and similar amounts not inclu	ided above 1f		29,716				
E E	g	Noncash contributions includ	ed in lines 1a-1f	\$					1
<u> ၂</u>	h	Total. Add lines 1a-	1f		<u> </u>	29,716			
Program Service Revenue Contributions, gifts, grants and other similar amounts					Busn. Code				
ven	2a				<u></u>				
쬬	þ								
<u>Xi</u>	С								
Ser	d								
ä	е								
ogr	f	All other program ser	rvice revenue						
4	g	Total. Add lines 2a-2	2f				,		
	3	Investment income (i	including divid	dends, intere	est, and				
		other similar amount	s)		•	11,143	11,143		
	4	Income from investm	ent of tax-ex	empt bond p	roceeds >				
	5	Royalties			•				
			(ı) Real	(u)	Personal				
	6a	Gross Rents							
	b	Less rental exps							
	С	Rental inc or (loss)							
	_d	Net rental income or	(loss)						,
	7a	Gross amount from sales of assets	(i) Securities		(II) Other				
		other than inventory							
	b	Less cost or other							
		basis & sales exps							•
	С	Gain or (loss)							
	d	Net gain or (loss)							
	8a	Gross income from fund	raising events						<u> </u>
ne		(not including \$							
ven		of contributions reported	l on line 1c)						
&		See Part IV, line 18		a					1
Other Reven	b	Less direct expense		ь					
ŏ	С	Net income or (loss)		ing <u>events</u>	<u> </u>				<u></u>
	9a	Gross income from gam	ing activities						
		See Part IV, line 19		a		1			
		Less direct expense		ь				· · ·	
		Net income or (loss)		activities	<u> </u>				
	10a	Gross sales of invent	-						
		returns and allowance		a					
		Less cost of goods s		b		1			‡
	С	Net income or (loss)		inventory					
		Miscellaneo			Busn. Code				1
	11a	COMMUNITY FOU			<u> </u>	34,504	34,504		
	ь	COMMUNITY FOUR	NDATION LO	SSES	<u> </u>	-99,212	-99,212		
	C	A.11			 				
		All other revenue			L		· · · · · · · · · · · · · · · · · · ·		
	e	Total Dave Total Dave			•	-64,708			
	12	Total Revenue. Add	iines 1h, 2g,	3, 4, 5, 6d,	/a, 8c,	22 040	E3 E4E	_	_
		9c, 10c, and 11e				-23,849	-53,565	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			1	,
	organizations in the U.S. See Part IV, line 21	24,545	24,545	1	
2	Grants and other assistance to individuals in				
-	the U.S. See Part IV. line 22				
3					
3	Grants and other assistance to governments,			1	
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				······································
4	Benefits paid to or for members				<u></u>
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	· · · · · · · · · · · · · · · · · · ·			
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				***
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance			1	
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)	4 501	2 470	1 000	
a	COMMUNITY FOUNDATION OF W	4,501 473	3,478 473	1,023	
b	FRAMING OF PRINTS		107		
C	PRINTING	107 25	107	25	
d	TAXES	25			
9	All other expenses				
f 25	All other expenses	29,651	28,603	1,048	
25 26	Total functional expenses. Add lines 1 through 24f Joint Costs. Check here	29,001	23,003	7,040	
40	Joint Costs. Check here ► If following SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				

P	art)	X Balance Sheet						_	
		•			(A) Beginning of year		(B) End of		
_	1	• Cash—non-interest bearing	_		53,445	1		50,2	201
	2	Savings and temporary cash investments		Ţ		2			
	3	Pledges and grants receivable, net				3			
	4	Accounts receivable, net				4			
	5	Receivables from current and former officers, directors, tru	stees,	key					
		employees, or other related parties. Complete Part II of Sc	hedule	· L		5			
	6	Receivables from other disqualified persons (as defined ur	der se	ection					
		4958(f)(1)) and persons described in section 4958(c)(3)(B)		ľ					
		Part II of Schedule L				6			
ţ	7	Notes and loans receivable, net				7			
Assets	8	Inventories for sale or use				8			
As	9	Prepaid expenses and deferred charges		_		9			
	10a	a Land, buildings, and equipment cost basis	10a						
	b	Less accumulated depreciation Complete							
		Part VI of Schedule D	10b			10c			
	11	Investments—publicly traded securities				11			
	12	Investments—other securities See Part IV, line 11			319,701	12	1	16,3	374
	13	Investments—program-related See Part IV, line 11	13						
	14	Intangible assets				14			
	15	Other assets See Part IV, line 11	15						
	16	Total assets. Add lines 1 through 15 (must equal line 34)			373,146	16	26	56,5	<u>375</u>
	17	Accounts payable and accrued expenses		-	E2 074	17			
	18	Grants payable	53,071	18					
	19	Deferred revenue		-		19			
Liabilities	20	Tax-exempt bond liabilities		-		20			
	21	Escrow account liability Complete Part IV of Schedule D				21			
	22	Payables to current and former officers, directors, trustees							
		employees, highest compensated employees, and disquali	nea						
_	22	persons Complete Part II of Schedule L		22					
	23	Secured mortgages and notes payable to unrelated third p	<u> </u>		24				
	24 25	Unsecured notes and loans payable Other liabilities Complete Part X of Schedule D		 					
	26	Total liabilities. Add lines 17 through 25		}	53,071	25 L 26			
	20	Organizations that follow SFAS 117, check here	and		33,011	20			
ces		complete lines 27 through 29, and lines 33 and 34.	Janu						
an	27	Unrestricted net assets				27			
Balan	28	Temporanly restricted net assets				28			
<u> </u>	29	Permanently restricted net assets				29			
Fund		Organizations that do not follow SFAS 117, check here	ı ▶ Î	Ŕ	•				
or F		and complete lines 30 through 34.	, ,						
	30	Capital stock or trust principal, or current funds				30			
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fu	ınd			31			
\SS	32	Retained earnings, endowment, accumulated income, or o		nds	320,075	32	26	56,5	575
ĭ,	33	Total net assets or fund balances			320,075	33	26	56,5	575
ž	34	Total liabilities and net assets/fund balances			373,146		26	56,5	575
P	art	XI Financial Statements and Reporting							
								Yes	No
1			ash		ner			ŧ	37
2		ere the organization's financial statements compiled or review			17		2a		X
t		ere the organization's financial statements audited by an inde					2b	∤	X
•		"Yes" to lines 2a or 2b, does the organization have a committ							
_		ne audit, review, or compilation of its financial statements and					2c		
38		s a result of a federal award, was the organization required to	unde	go an audit or audits as set	torth in				
		e Single Audit Act and OMB Circular A-133?					3a		
	ו כ	"Yes," did the organization undergo the required audit or aud	(S /	 			3b		

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support To be completed by all section 501(c)(3) organizations and section 4947(a)(1)

2008

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

nonexempt charitable trusts.

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

Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

Inspection

Name of the organization

ROTARY CLUB OF CARSON CITY FOUNDATION

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

The organization is not a private foundation because it is (Please check only one organization)

Employer Identification number 94-2952454

Z	\mathbf{H}	A school desc	cribed in section 1/0(b)(1)(A	(ii). (Attach Schedule E)										
3	Ц	A hospital or a	a cooperative hospital service	e organization described in secti	on 170(b)	(1)(A)(iii)	. (Attach	Schedu	ıle H)					
4	\sqcup	A medical res	earch organization operated	in conjunction with a hospital de-	scribed in	section 1	170(b)(1)(A)(iii).	Enter th	e hospi	tal's name,			
		city, and state	•											
5	\sqcup	An organization	on operated for the benefit of	a college or university owned or	operated	by a gove	ernmenta	al unit de	escribed	ın				
		section 170(l	b)(1)(A)(iv). (Complete Part I	l)										
6		A federal, stat	te, or local government or go	vernmental unit described in sec	tion 170(b)(1)(A)(v	/).							
7	X	An organization	on that normally receives a si	ubstantial part of its support from	a govern	mental ur	nt or fron	n the ge	neral pu	blic				
	_	described in s	section 170(b)(1)(A)(vi). (Co	mplete Part II)										
8	\Box			'0(b)(1)(A)(vi). (Complete Part II)									
9	П	An organization	on that normally receives (1)	more than 33 1/3 % of its suppo	ort from co	ntribution	s, memb	ership f	ees, and	gross				
		receipts from	activities related to its exemp	ot functions—subject to certain e	xceptions,	and (2) r	no more	than 33	1/3 % o	fits				
		support from	gross investment income and	d unrelated business taxable inco	me (less	section 5	11 tax) fr	om bus	nesses					
		acquired by th	ne organization after June 30,	, 1975 See section 509(a)(2). (Complete	Part III)								
10	\Box	An organization	on organized and operated ex	clusively to test for public safety	See sec	tion 509(a)(4). (se	e instru	ictions)					
11	П	An organization	on organized and operated ex	clusively for the benefit of, to pe	rform the	functions	of, or to	carry ou	it the					
		purposes of o	ne or more publicly supporte	d organizations described in sec	tion 509(a)(1) or se	ction 509	9(a)(2)	See sec	tion				
		509(a)(3). Cho	eck the box that describes th	e type of supporting organization	and com	plete lines	11e thr	ough 11	h					
		a Type	l b ∏ Type II	c Type III–Functiona	ılly Integra	ited	d	🗌 Тур	e III-Otl	her				
е		By checking the	his box, I certify that the orga	nization is not controlled directly	or indirect	lly by one	or more	disqual	ified					
		persons other than foundation managers and other than one or more publicly supported organizations described in section												
		509(a)(1) or section 509(a)(2)												
f		If the organiza	ation received a written deteri	mination from the IRS that it is a	Type I, Ty	pe II, or T	ype III s	upportir	ıg				_	
		organization,	check this box										\sqcup	
g		Since August	17, 2006, has the organization	on accepted any gift or contributi	on from ai	ny of the								
		following pers	sons?								_			
		(i) A person	who directly or indirectly cor	ntrols, either alone or together wi	th persons	s describe	ed in (ii)					Yes	No	
		and (III) b	pelow, the governing body of	the supported organization?							11g(i)			
		(ii) A family	member of a person describe	ed in (i) above?							11g(ii)			
		(iii) A 35% c	ontrolled entity of a person de	escribed in (i) or (ii) above?							11g(iri)			
h		Provide the fo	ollowing information about the	e organizations the organization	supports									
(1)	Name	e of supported	(II) EIN	(ili) Type of organization	(IV) Is the o	organization	(v) Did)	ou notify	(vi)	s the	(vii) Amou	nt of		
	org	anization	,	(described on lines 1–9		sted in your	1 -	nization in	organizat		suppoi	rt		
				above or IRC section (see instructions))	governing	document?		of your port?	4	zed in the S ?				
				(CCC minutes and more)	Yes	No	Yes	No	Yes	No				
								<u> </u>						
					1									
											-			
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			I	l "	1		ı	1	1	i I				

Sche		ARY CLUB				<u> -2952454 </u>	Page 2
Pa	ɪrt 티 . Support Schedule for Oi				1)(A)(iv) and	170(b)(1)(A)(vi)	
	(Complete only if you che	cked the box o	n line 5, 7, or 8	3 of Part I.)			- ·
	tion A. Public Support			_			
Cal	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	8,275	7,896	52,889			69,060
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3	8,275	7,896	52,889			69,060
5	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)						67,084
6	Public support. Subtract line 5 from line 4						1,976
	tion B. Total Support					·	
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	8,275	7,896	52,889			69,060
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,295	12,859	8,582			29,736
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						98,796
12	Gross receipts from related activities, etc. (see instructions)			-	12	
13	First five years. If the Form 990 is for the o	organization's first, s	econd, third, fourth	, or fifth tax year as	s a section 501(c)	(3)	_
	organization, check this box and stop here	i					<u> </u>
Sec	tion C. Computation of Public Su	pport Percenta	age			·	
14	Public support percentage for 2008 (line 6,	column (f) divided b	y line 11, column (n)		14	2.0001 %
15	Public support percentage from 2007 Sche	dule A, Part IV-A, Im	ie 26f			15	78.3880 %
16a	33 1/3 % support test-2008. If the organi	zation did not check	the box on line 13	, and line 14 is 33 1	1/3 % or more, ch	eck this box	
	and stop here. The organization qualifies a	is a publicly support	ed organization				▶ [_]
b	33 1/3 % support test—2007. If the organi	zation did not check	a box on line 13 o	r 16a, and line 15 is	s 33 1/3 % or mor	e, check this	
	box and stop here. The organization qualif	ies as a publicly sup	ported organization	า			▶ 🗓
17a	10%-facts-and-circumstances test—2008	8. If the organization	did not check a bo	x on line 13, 16a, o	or 16b, and line 14	l is 10% or	
	more, and if the organization meets the "fac	cts-and-circumstanc	es" test, check this	box and stop here	e. Explain in Part I	V how the	
	organization meets the "facts-and-circumst	ances" test. The org	anization qualifies	as a publicly suppo	rted organization		▶ ∐
b	10%-facts-and-circumstances test—200	•					
	more, and if the organization meets the "fac					V how the	. —
	organization meets the "facts-and-circumst	ances" test. The org	anization qualifies	as a publicly suppo	rted organization		▶
12	Private foundation. If the organization did	not check a hovion	line 13, 16a, 16b, 1	7a or 17h check	this hox and see i	nstructions	▶

Schedule A (Form 990 or 990-EZ) 2008

Schedule A (Form 990 or 990-EZ) 2008 ROTARY CLUB OF CARSON CITY . 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 year beginning in) ▶ (c) 2006 (d) 2007 (a) 2004 (b) 2005 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 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 Total. Add lines 1-5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support (c) 2006 (d) 2007 Calendar year (or fiscal year beginning in) ▶ (a) 2004 (b) 2005 Amounts from line 6 10a Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar sources 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 in line 10b, whether or not the business is regularly carned on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 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)) 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 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 line 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 990 or 990-EZ) 2008 ROTARY CLUB OF CARSON CITY

94-2952454

Page 4

Part IV . Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** ROTARY CLUB OF CARSON CITY FOUNDATION 94-2952454 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _ _ _ _ _ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

<u>Sche</u>		LUB OF CARSON			52454	Page 2
Pa	rt III . Organizations Maintainin	g Collections of Art,	Historical Treas	ures, or Other S	Similar Assets	(continued)
3	Using the organization's accession and other items (check all that apply)	records, check any of the fo	ollowing that are a sig	nificant use of its coll	ection	
а	Public exhibition	d Loan	or exchange program	ıs		
b	Scholarly research	e Other	3.1.3			
С	Preservation for future generations					
4	Provide a description of the organization's co	llections and explain how the	ey further the organiz	ation's exempt purpo	se in	
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	r receive donations of art, his	storical treasures, or	other similar	Γ	Yes No
D,	ert IV Trust, Escrow and Custoe				d "Yes" to For	
	Part IV, line 9, or reported				u 103 to 101	iii 000,
12	Is the organization an agent, trustee, custodia				• •	
14	included on Form 990, Part X?	an or other intermediary for t	continuations of other	assets not	Г	Yes No
b	If "Yes," explain the arrangement in Part XIV	and complete the following t	ahlo		_	
	Tes, explain the arrangement in rate XIV	and complete the following t	abic			Amount
С	Beginning balance				1c	
d	Additions during the year				1d	
	Distributions during the year				1e	
f	Ending balance				1f	•
	Did the organization include an amount on Fo	orm 990. Part X. line 21?				Yes No
	If "Yes," explain the arrangement in Part XIV					
	ert V Endowment Funds. Comp	olete if organization ar	nswered "Yes" to	Form 990, Part	IV, line 10.	
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years bad	ck (e) Four years back
1a	Beginning of year balance					
b	Contributions					
С	Investment earnings or losses					
d	Grants or scholarships					
е	Other expenditures for facilities					
	and programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the year	end balance held as				
а	Board designated or quasi-endowment	%				
b	Permanent endowment ▶%	b				
С	Term endowment ▶ %					
За	Are there endowment funds not in the posses	ssion of the organization that	t are held and admini	stered for the		
	organization by					Yes No
	(i) unrelated organizations					3a(i)
	(ir) related organizations					3a(ii)
þ		•				3b
4	Describe in Part XIV the intended uses of the					
<u>Pa</u>	ert VI Investments—Land, Build					
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other	1 ''	preciation	(d) Book value
1a	Land					
b	Buildings					
С	Leasehold improvements		ļ			· · · · · · · · · · · · · · · · · · ·
d	Equipment		<u> </u>			
	Other		<u></u>			
Tota	I. Add lines 1a-1e (Column (d) should equal F	orm 990, Part X, column (B)), line 10(c))		<u> </u>	· · · · · · · · · · · · · · · · · · ·

Schedule D (Form 990) 2008 ROTARY CLUB OF CARSON (CITY	94-2952454	Page 3
Part VII . Investments—Other Securities. See Form 990,			
(a) Description of security or category	(b) Book value	(c) Method of valua	tion
(including name of security)		Cost or end-of-year mark	ket value
Financial derivatives and other financial products			
Closely-held equity interests			
Other _ COMMUNITY FOUNDATION DEPOSIT _ [16,374	COST	
	16 274		······································
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	16,374	·	
Part VIII Investments—Program Related. See Form 990,		(a) Mathad of value	
(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year mart	
		Occidental of your man	
			··········
			
			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, line 15			
(a) Description			(b) Book value
			
	,		
			·
Tatal (Oakura (h) abautid asual Farra 000 Part V and (P) Iraa 45)			
Total. (Column (b) should equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25.			
(a) Description of liability	(b) Amount		
Federal income taxes	(a) / iiii daili		
1 ederal income taxes			

	·		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.)			
In Part XIV, provide the text of the footnote to the organization's financial statement	ents that reports the organi	zation's liability for	
uncertain toy positions under EIN 49			

Sche	dule D (Form 990) 2008 ROTARY CLUB OF CARSON CITY		94-295245	4	Page 4
Pa	rt XI . Reconciliation of Change in Net Assets from Form 990 t	o Finar	icial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lines 4-8			9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	4- 10/	SAL Davis non Dat	10	<u> </u>
	art XII Reconciliation of Revenue per Audited Financial Statem	ents w	ith Revenue per Ret	1	Γ
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	۔ ا	I		
a	· ·	2a 2b		-	
b				1	
_	. , ,	2c 2d	 	1 1	
ď	,		<u> </u>	20	
е 2	Add lines 2a through 2d Subtract line 2e from line 1			3	
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1]		
*	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
a h	Other (Describe in Part XIV)	4b		1	
c	Add lines 4a and 4b	<u></u>		4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12)			5	
	art XIII Reconciliation of Expenses per Audited Financial Stater	ments \	Nith Expenses per R	Returr	1
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	1	1	3	ļ
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	·	4a			
b	Other (Describe in Part XIV)	4b		-	
С	Add lines 4a and 4b			4c	
				5	
	art XIV Supplemental Information		14 5 4841 45		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 3, and 9,		d 4, Part IV, lines 10		
and :	2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII lines 2d	and 40			
_					
_					
_					
_					
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SCHEDULE (Form 990)

OMB No 1545-0047

2008

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Yes

Open to Public Inspection **Employer Identification number** 94-2952454 ▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S. ▶ Attach to Form 990. General Information on Grants and Assistance CARSON CITY ROTARY CLUB OF FOUNDATION Department of the Treasury Internal Revenue Service Name of the organization Parti

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monite	toring the use of gra	int funds in	the United States]	
Part If Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use	vernments and acipient that rec	d Organi; eived mo	zations in the Uni ore than \$5,000. C	ted States. Comp theck this box if n	ete if the orga o one recipient	inization answereceived more	ered "Yes" on e than \$5,000. Use	Į
Part IV and Schedule I-1 (Form 990) if additional space is needed	if additional sp	ace is ne	peded				•	الــا
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
CANCER CENTER			1000				CANCER CENTER	
GENTS OF NEVADA			10,000					i
CARSON CITY			9,000				SCHOLARSHIP	
			:					
2 Enter total number of section 501(c)(3) and government organizations3 Enter total number of other organizations	rganizations							

Schedule I (Form 990) 2008

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

Schedule I (Fc	Schedule I (Form 990) 2008 ROTARY CLUB OF CARSON CITY	OF CARSON CIT		94-2952454		Page 2
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Use Schedule I-1 (Form 990) if additional space is needed.	to Individuals in the fadditional space is	• United States. Con needed.	nplete if the organizat	ion answered "Yes" on Forr	n 990, Part IV, line 22
<u>ت</u>	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
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Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to p	provide the information	in required in Part I, I	ne 2, and any other addition	nal information.

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(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047 2008

Open to Public Inspection

Name of the organization

ROTARY CLUB OF CARSON CITY FOUNDATION

Employer identification number

94-2952454

AMENDED RETURN EXPLANATION

NAME CHANGED