

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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 vear may use this form year may use this form

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

Open to Public Inspection

b Less cost of goods sold 7b 7c 8 7c 8 9 7c 7c 8 9 7ct	Α	For the 2008 calendar year, or tax year beginning 8/01 , 2008, and ending 7/31	, 2009			
Membrane control March M	В	Check if applicable	Employer identification number			
Market change P. O. BOX 2190		Address change use irs HAILEY ROTARY FOUNDATION, INC.	82-0497133			
Permistration Permistratio		print or IF.O. DOX 2190	Telephone number			
Section 591(c/3) organizations and 4947(s/1) nonexempt charitable trusts must attach a completed Schedule A (From 590 or 395-52). **NA Nonexempton Section 591(c/3) organizations and 4947(s/1) nonexempt charitable trusts must attach a completed Schedule A (From 590 or 395-52). Nanazation pis (Citate on none) X Sign (3, 3) **(inget to) Sign (3, 3) **(ing	-	Initial return type. HAILEY, ID 83333	208-578-7807			
**Section 501(x3) organizations and 4547(x1) nonexempt chantable trusts	-	Specific Specific				
*Section \$01(c/3) organizations and \$4947(a/1) nonexempt charitable trusts mist affach a completed Schedule A (Form \$90 or \$90-E2). Website: * N/A		tions.				
Website: * N/A Translation for completed Schedule A (Form 990 or 990-EZ) Website: * N/A Translation type (chek kink one) X 50(c) (3) * (maet no) 493/(a)(1) or 527 Website: * N/A Translation type (chek kink one) X 50(c) (3) * (maet no) 493/(a)(1) or 527 Website: * N/A Translation type (chek kink one) X 50(c) (3) * (maet no) 493/(a)(1) or 527 Website: * N/A Translation type (chek kink one) X 50(c) (3) * (maet no) 493/(a)(1) or 527 Website: * N/A Translation type (chek kink) one) X 50(c) (3) * (maet no) 493/(a)(1) or 527 Website: * N/A Translation type (chek kink) one) X 50(c) (3) * (maet no) 493/(a)(1) or 527 Website: * N/A Translation type (chek kink) one) X 52 52 52 52 52 52 52	4					
Website: N/A Message						
Website: N/A Second process Second						
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 the sure of the surport of the complete return the surport of the surport	1	Website: ► N/A required to atta	ach Schedule B (Form 990.			
Septimon	J	Organization type (check only one) — X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527 990-EZ, or 990	-PF).			
Land Inter-Sp. 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 \$ 129,540.	K					
Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1 1 1 1 1 1 1 1 1		\$25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete re	turn			
Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the Instructions for Part I.) 1 Contributions, girls, grants, and similar amounts received 1 1 16, 910. 2 Program service revenue including government fees and contracts 2 3 4 5, 607. 3 Membership dues and assessments 4 1 5, 607. 4 5, 607. 5 a Gross amount from sale of assets other than inventory 5 a 60, 730. 5 b Less cost or other basis and sales expenses 5 b 63, 557. 6 Special events and activities (complete applicable parts of Schedule (p. II) and a proportion on line 1) 6 Septial events and activities (complete applicable parts of Schedule (p. II) and a proportion on line 1) 7 Septial events and activities (complete applicable parts of Schedule (p. II) and a proportion on line 1) 8 See direct expenses other than fundraising expenses 6 s 10, 125. 9 Less direct expenses other than fundraising expenses 6 s 10, 125. 10 Seas profit (loss) from special events and activities (Subtract line 5th from line 6a) 7 a 5 10 Grants and scale are are abults and activities (Subtract line 5th from line 7a) 7 c 7 a	L		►¢ 130 E40			
1 Contributions, grifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 3 4 5,607.	<u> </u>					
2 Program service revenue including government fees and contracts 3 3 3 4 4 5 607.	Pa					
3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assests other than inventory b Less cost or other basis and sales expenses c Gross amount from sale of assests other than inventory b Less cost or other basis and sales expenses c Gross amount from sale of assests other than inventory (Subtract in 56 from in 5a) (aft sch) 5 ESE STATEMENT 1 5 c -2,827. SEE STATEMENT 1 5 c -36,168. SEE STATEMENT 2 10 Gross sales of inventory, less returns and allowances 11 c -2,058. SEE STATEMENT 2 10 Gross sales of inventory, less returns and allowances 12 c -2,058. SEE STATEMENT 2 10 C -2,827. SEE STATEMENT 2 11 c -2,058. SEE STATEMENT 2 11 c -2,058. SEE STATEMENT 2 12 c -36,000 c -36,						
4 Investment income 5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses 5b 63,557.						
5a Gross amount from sale of assets other than inventory b. Less cost or other basis and sales expenses c. Cain or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a) (att sch) SEE STATEMENT 1 5c -2,827.		· · · · · · · · · · · · · · · · · · ·				
b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a) (att sch) c Gance alevents and activities (complete applicable parts of Schedule 6) If any amount is from gaming, check here a Gross revenue (not including \$ 11, 910. of contributions reported on line 1) b Less direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit for (loss) from special events and activities (Subtract line 7b from line 7a) b Less cost of goods sold c Gross profit for (loss) from special events and activities (Subtract line 7b from line 7a) b Less cost of goods sold c Gross profit for (loss) from special events and activities (Subtract line 7b from line 7a) 7 a Other revenue (disciple 1 2) 9 Total revenue, (dadd lines 1, 2, 3, 4, 5, 6, 6, 4, and 8) 9 55, 858. 10 Grants and sold are are builties paid (Alticon sold) dulle) 11 Benefits paid to by for members. 12 Salaries, other compensation gived peripholy expendits 13 Professional less and other payments to independent contractors 13 Professional less and other payments to independent contractors 14 Coccupancy, rent, utilities, and maintenance 14 Total expenses (dadd lines 10 through 16) 15 Printing, publications, postage, and shipping 15 Grove expenses (dadd lines 10 through 16) 17 Total expenses (add lines 10 through 16) 18 Excess or (deficit) for the year (Subtract line 17 from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Net assets or fund balances at end of year Combine lines 18 through 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe) 26 Other assets (describe) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 28 Salary (B) Regiment of the pay		1 1				
c Gain or (loss) from sale of assets other than inventory (Subtract in 8b from in 6a) (att sch) SEE STATEMENT 1						
6 Special events and activities (complete applicable parts of Schedule 6) If any amount is from gaming, check here a Gross revenue (not including \$ 11, 910. of contributions reported on line 1) b Less direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross print for (loss) Place Place Place Place Place Place 10	R E V E N					
b Less direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances 7b Less cost of goods sold c Gross profit for (loss) from special events and allowances 7b Less cost of goods sold c Gross profit for (loss) from Septiment (Subtract line 7b from line 7a) 8 Other revenue (disciple 2						
b Less direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances 7b Less cost of goods sold c Gross profit for (loss) from special events and allowances 7b Less cost of goods sold c Gross profit for (loss) from Septiment (Subtract line 7b from line 7a) 8 Other revenue (disciple 2						
b Less direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances 7b Less cost of goods sold c Gross profit for (loss) from special events and allowances 7b Less cost of goods sold c Gross profit for (loss) from Septiment (Subtract line 7b from line 7a) 8 Other revenue (disciple 2	⋑ ₽					
C Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a 7b 7b 7c 7b 7c 7c 7c 7c	M -					
7a Gross sales of inventory, less returns and allowances 7a 7b 7c						
b Less cost of goods sold c Gross profit for (loss) (Enterplantory (Subtract line 7b from line 7a) 8 Other revenue (describe -) (Base -	2 3					
C Gross profit or (loss pro	_1		7			
8 Other revenue (describe 0 9 55,858. 9 Total revenue (dad lines 1, 2, 3, 4, 56, 66, 29, and 8) 9 55,858. 10 Grants and schilar ambulitis paid (attach solidule) 11 11 12 12 13 14 15 15 15 15 15 16 17 15 16 17 17 17 17 17 17 17	\geq		7c			
9 Total revenue (add lines 1, 2, 3, 4, 56, 6d, 2d, and 8) 9 55,858.			8			
15 16 17 16 17 16 17 17 16 17 17			▶ 9 55,858.			
15 16 17 16 17 16 17 17 16 17 17	Z					
15 16 17 16 17 16 17 17 16 17 17	3_	1 1 7 1				
15 16 17 16 17 16 17 17 16 17 17	SE.					
15 16 17 16 17 16 17 17 16 17 17	WE.	13 Professional tees and other payments to independent contractors				
15 16 17 16 17 16 17 17 16 17 17	S		14			
16 Other expenses (describe ► SEE STATEMENT 2 16 57, 916. 17 Total expenses (add lines 10 through 16) 17 57, 916. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -2, 058. 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) 20 Other changes in net assets or fund balances (attach explanation) 21 Salance 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 2 (B) End of year 2 (B) End of year 3 (E S		15			
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -2,058. 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.) 20 318,273. 20 21 316,215. 21 316,215. 21 316,215. 21 316,215. 21 316,215. 21 316,215. 21 316,215. 21 316,215. 21 316,215. 21 316,215. 21 316,215. 22 316,215. 23 318,273. 24 316,215. 24 316,215. 25 316,215. 26 318,273. 27 316,215. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 318,273. 27 316,215. 316,215	_	16 Other expenses (describe ► SEE STATEMENT 2).				
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) 20		17 Total expenses (add lines 10 through 16)	► 17 57,916.			
Figure reported on prior year's return) 19 318,273 20 20		18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 −2,058.			
Figure reported on prior year's return) 19 318,273 20 20	N S	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-ye	ar			
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 Cash, savings, and investments (A) Beginning of year (B) End of year	ËS	figure reported on prior year's return)	19 318,273.			
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 318,273. 22 316,215. 23 Land and buildings 23 24 Other assets (describe ►) 24 25 Total assets 318,273. 25 316,215. 26 Total liabilities (describe ►) 0. 26 0. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 318,273. 27 316,215.	' T S	The state of the second of the				
(See the instructions for Part II) 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe ▶ 25 Total assets 26 Total liabilities (describe ▶ 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) (A) Beginning of year 318, 273 . 22 316, 215. 24 24 25 318, 273 . 25 316, 215. 26 O. 26 O. 318, 273 . 27 316, 215.						
22 Cash, savings, and investments 318,273. 22 316,215. 23 Land and buildings 23 24 Other assets (describe ►) 24 25 Total assets 318,273. 25 316,215. 26 Total liabilities (describe ►) 0. 26 0. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 318,273. 27 316,215.	Pa					
23 23 24 Other assets (describe ►) 24 25 Total assets 318,273. 25 316,215. 26 Total liabilities (describe ►) 0. 26 0. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 318,273. 27 316,215.	^-					
24 Other assets (describe ►) 24 25 Total assets 318,273. 25 316,215. 26 Total liabilities (describe ►) 0. 26 0. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 318,273. 27 316,215.						
25 Total assets 318,273. 25 316,215. 26 Total liabilities (describe ►) 0. 26 0. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 318,273. 27 316,215.						
26 Total liabilities (describe ►) 0 . 26 0 . 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 318,273 . 27 316,215 .						
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 318,273. 27 316,215.						
		``				
BAA For Privacy Act and Panerwork Reduction Act Notice see the instructions for Form 990 Form 990-F7 (2008)	_	A For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.	Form 990-EZ (2008)			

Form 990-EZ (2008) HAILEY ROTARY FOUNDATION, INC. 82-0497133								
Par	rt III Statement of Program Sei	vice Accomplishments	(See the instruction	ons.)	497133 Page 2 Expenses			
Desc	is the organization's primary exempt purpose? SC cribe what was achieved in carrying out the cribe the services provided, the number of fram title	ncise manner, an each 49	equired for 501(c)(3) d (4) organizations and 47(a)(1) trusts; optional others)					
28								
29	(Grants \$) If th		57,916.					
30	(Grants \$) If th		Da					
31	(Grants \$) If th Other program services (attach schedule	is amount includes foreign gr	ants, check here	30)a			
	Total program service expenses (add la			► 31 ► 32	57,916.			
Par	t IV List of Officers, Directors,	Trustees, and Key Em		ne even if not compe				
	(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 a deferred compensation				
BOX	LLIAM J. BOZZUTO K 1148 ILEY, ID 83333	TREASURER 0	0.	C	0.			
GRE 418	EGORY CAPPEL N RIVER ST LEY, ID 83333	VICE PRESIDENT 0	0.	C	0.			
KEN BOX	NDALL KINGHORN K 820 ILEY, ID 83333	PRESIDENT 0	0.	C	0.			
				-				

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of	22		v
34	each activity 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	33		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?	35 a		<u>X</u>
	If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36		<u>X</u>
	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37 b		\overline{X}
	•	3/0		_
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38 a		Х
b	olf 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			:
39	501(c)(7) organizations Enter:			;
	Initiation fees and capital contributions included on line 9.	₹		1
	Gross receipts, included on line 9, for public use of club facilities 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:	1		
40 0	section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.			
t	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?	40.		
	If 'Yes,' complete Schedule L, Part I	40 b		X
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			Ī
	Enter amount of tax on line 40c reimbursed by the organization	1		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e	,	x
41	List the states with which a copy of this return is filed NONE		· · · · · · · · ·	
	The books are in care of WILLIAM J. BOZZUTO Located at BOX 1148, HAILEY, ID ZIP + 4 B3333		807 Yes	 No
	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	42b		X
c	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. 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	42 c		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		► <u></u>	N/A N/A
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead		Yes	No
	of Form 990-EZ	44		X
	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	45	L	X
BAA	TEEA0812L 01/14/09 Fo	rm 990)-EZ (2008)

orm 990-EZ (2008) HAILEY ROTARY FOU	NDATION, INC.		82-0	497133	Pa	age 4
Part VI Section 501(c)(3) organization and complete the tables for I	ons only. All section	501(c)(3) org	anizations must answe		46-49	
46 Did the organization engage in direct or ind for public office? If 'Yes,' complete Schedu	irect political campaign a	ictivities on beha			Yes	No X
47 Did the organization engage in lobbying act	ivities? If 'Yes,' complete	Schedule C, Pa	rt II	47		Х
18 Is the organization operating a school as do 19 a Did the organization make any transfers to b If 'Yes,' was the related organization(s) a s	an exempt non-charitable			48 49 a 49 b		X
Complete this table for the five highest conreceived more than \$100,000 of compensat	pensated employees (otl	her than officers,	directors, trustees and key	للنبيا	ho eac	h
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensat		accou	pense int and lowances	
IONE	_					
otal number of other employees paid over \$100,000	•					
Complete this table for the five highest comfrom the organization. If there is none, enter	er 'None '		ach received more than \$10	3,000 of comp	ensatio	n
(a) Name and address of each independent of ONE	ontractor paid more than \$100,00	0	(b) Type of service	(c) Comp	pensation	
	,					
otal number of other independent contractors re		<u> </u>		landada and b	aliad it is	
Under penalties of perjury. I declare that I have e true, correct, and complete Declaration of piepai	er (other than officer) is based or	companying schedules a all information of whice	and statements, and to the best of my	/ knowledge and be	mer, it is	
lere Signature of officer	\mathfrak{D}^{\sim}		Date			_
WILLIAM J. BOZZUTO	•		TREASURER			

TEEA0812L 01/14/09

Date (4/10

Check if self-employed

Phone no

ΕIN

Preparer's Identifying Number (See instructions)
N/A

►X Yes No

Form **990-EZ** (2008)

(208) 578-7807

► N/A

Type or print name and title

BOZZUTO ANDERSON & SOL. P.A.

733 NORTH MAIN ST. SUITE G

BELLEVUE, ID 83313

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

Preparer's signature

Firm's name (or yours if self employed), address, and ZIP + 4

Paid

Pre-

Only

BAA

parer's Use

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Total

Public Charity Status and Public Support

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

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

OMB No 1545 0047 2008

Open to Public

Name of the organization Employer identification number HAILEY ROTARY FOUNDATION, INC. 82-0497133 Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is (Please check only one organization) 1 A church, convention of churches or association of churches described in section 170(bX1)(AXI). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described In section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 9 An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h Type III — Functionally integrated Type III – Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization? 11 g (i) 11 g (ii) a family member of a person described in (i) above? a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the organizations the organization supports h (v) Did you notify the organization in cot (i) of your support? (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (i) Name of Supported (lv) is the (vi) Is the (vii) Amount of Support ization in col (i) listed in your governing document? (i) organized in the Yes Yes No Yes No No

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

Schedule A (Form 990 or 990-EZ) 2008

Schedule A (Form 990 or 990-EZ) 2008 HAILEY ROTARY FOUNDATION, INC 82-0497133 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year (a) 2004 (d) 2007 (e) 2008 (b) 2005 (c) 2006 (f) Total beginning in) Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') 9,000 14,725. 52,980 49,145. 16,910 142,760. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 0. The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge 0. Total. Add lines 1-3 9,000 14,725. 52,980 49,145 16,910 142,760. 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). 38,456. Public support. Subtract line 5 104,304. from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2004 (c) 2006 (d) 2007 (e) 2008 (f) Total (b) 2005 9,000 14,725. 52,980 49,145 16,910 142,760. Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, rovalties and income form 3,971 4,163 5,956. 5,607 23,150. 3,453. similar sources Net income form unrelated business activities, whether or not the business is regularly 0. carried on 10 Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV). 0. 11 Total support. Add lines 7 165,910. through 10 12 0. 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ Section C. Computation of Public Support Percentage 14 62.9% 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f) 15 76.5% Public support percentage for 2007 Schedule A, Part IV-A, line 26f 16a 33-1/3 support test — 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support test - 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

17a 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how

b 10%-facts-and-circumstances test — 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

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

the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you chec	ked the box on it	ille 9 01 Falt 1)				
Sect	tion A. Public Support						
	dar year (or fiscal yr 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 'unusual grants')		, ,	,,		,,	
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1-5 Amounts included on lines 1, 2, 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
С	Add lines 7a and 7b						
8	Public support (Subtract line						
	7c from line 6)						
Sec	tion B. Total Support						 -
	ndar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	, , , , , ,	(a) 2004	(5) 2003	(0) 2000	(a) 2007	(0) 2000	(7) . 0.0.
-	Amounts from line 6						
iva	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
11	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV).						
	Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	is for the organiz	ation's first, seco	nd, third, fourth,	or fifth tax year a	s a section 501(c)(3) ▶ □
	tion C. Computation of Pu						
	Public support percentage for 20			ne 13. column (f))	15	%
13					,	16	<u> </u>
	Public cupport paraantaga from	ZUU/ JUHEUUH A					
16_	Public support percentage from		ma Darcantar				
16 Sec	tion D. Computation of Inv	estment Inco			.mn (f))	17	0/
16 Sec 17	tion D. Computation of Inv	restment Incorpore 2008 (line 10c.	, column (f) dıvıde	ed by line 13, colu	umn (f))	17	%
16 Sec 17 18	tion D. Computation of Inv Investment income percentage f Investment income percentage f	restment Incolor or 2008 (line 10c, rom 2007 Schedu	, column (f) dıvıde ıle A, Part IV-A, lı	ed by line 13, colu ne 27h		18	%
16 Sec 17 18 19 a	tion D. Computation of Inv	or 2008 (line 10c, rom 2007 Schedu organization did not ox and stop here	, column (f) divide ale A, Part IV-A, li t check the box on the organization	ed by line 13, colune 27h line 14, and line 15 n qualifies as a p	is more than 33-1/5 publicly supported	18 3%, and line 17 is not organization	% ► □

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

Schedule'	(Form 990 o	990-EZ) 2	2008	HAILEY	ROTARY	FOUN	DATION,	INC.	82-0497133	Page 4
Part IV	Suppleme	ntal Info	rmatio	n. Com	olete this	part to	provide	the exp	planation required by Part II, liditional information. (see instri	ne 10;
	Part II, IIne	e 1/a or	1/0; 0	r Part II	i, line 12.	Provi	de any o	ther aud	ullonal information. (see instr	actions)
								. -		
										
								- -		
										
	_ _									
	 -							- -		
								- 		
			- 							
			. <u></u>		_					
		·	. – – –							
							-			
					. _					
					. – – – –					
		. – – – –								

TEEA0404L 10/07/08

BAA

Schedule A (Form 990 or 990-EZ) 2008

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047 2008

Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a. Open to Public Department of the Treasury Internal Revenue Service Inspection Employer identification number Name of the organization 82-0497133 HAILEY ROTARY FOUNDATION, INC. Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17 Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Email solicitations Solicitation of government grants Special fundraising events Phone solicitations In-person solicitations 2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No **b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990EZ filers are not required to complete this table (v) Amount paid to (iv) Gross receipts from activity (III) Did fundraiser (or retained by) (vi) Amount paid to (ii) Activity (i) Name of individual have custody or control fundraiser listed in (or retained by) or entity (fundraiser) of contributions? col.(ı) organization Yes No Total List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

		G (Form 990 or 990-EZ) 2008 HAILEY			82-04				
Pai	t II	Fundraising Events. Complete if reported more than \$15,000 on F	the organization a	answered 'Yes' to Fo Sa. List events with	orm 990, Part IV, II gross receints grea	ne 18, or ater than \$5 000			
		Teported more than \$15,000 on 1	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through			
Ŗ			(event type)	(event type)	(total number)	col (c))			
REVENUE	1	Gross receipts							
Ē	2	Less Charitable contributions			V				
	3	Gross revenue (line 1 minus line 2)	 						
	4	Cash prizes							
D R E C T	5	Non-cash prizes							
	6	Rent/facility costs							
EXPENSES	7	Other direct expenses							
S E S	8	Direct expense summary Add lines 4- t			•				
Dai	+ 101	Net income summary Combine lines 3 a		asi ta Farm 000 Pa	rt IV/ June 10 or res	orted more than			
Fai	<u>t mij</u>	Gaming. Complete if the organiz \$15,000 on Form 990-EZ, line 6a	ation answered 16 1.	es to Form 990, Pai	rt IV, line 19, or rep	ported more than			
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col (c))			
E E	1	Gross revenue			46,293.	46,293.			
_	2	Cash prizes				*·····································			
D I PENSES	3	Non-cash prizes							
Č Š T E S	4	Rent/facility costs							
	5	Other direct expenses	Yes 0%	Yes 0%	10,125. X Yes 100%	10,125.			
	6	Volunteer labor	X No	X No	No No				
	7	Direct expense summary. Add lines 2 thi	Direct expense summary. Add lines 2 through 5 in column (d) ▶						
	8	8 Net gaming income summary Combine lines 1 and 7 in column (d)							
		er the state(s) in which the organization of the organization licensed to operate gamin				YES NO			
		o,' Explain							
		e any of the organization's gaming license es,' Explain:	es revoked, suspended	or terminated during the	e tax year?	10a X			

12

11 Does the organization operate gaming activities with nonmembers?

Schedule G (Form 990 or 990-EZ) 2008 HAILEY ROTARY FOUNDATION, INC. 82-049	7133	Р	age 3
13 Indicate the percentage of gaming activity operated in a The organization's facility b An outside facility 13a 100.0 13b 14 Provide the name and address of the person who prepares the organization's gaming/special events books and recorn Name: ► KATHY PRUETT Address: ► BOX 2190, HAILEY, ID 83333	% ds: 	YES	NO
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? b If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ c If 'Yes,' enter name and address:	15a		X
Name. ►			1
Name ► HAILEY ROTARY CLUB Gaming manager compensation ► \$			
Description of services provided MEM. OF HAILEY ROT. SELL RAFFLE TICKETS X Director/officer Employee Independent contractor Mandatory distributions	-		ļ
 a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the 	17a	X	
organization's own exempt activities during the tax year: ►\$ 36,168. SEE SUPPLEMENTAL BAA TEEA3703L 07/18/08 Schedule G (Form	990 or 99	90-EZ)	2008

FEDERAL STATEMENTS

PAGE 1

HAILEY ROTARY FOUNDATION, INC.

82-0497133

STATEMENT 1 FORM 990-EZ, PART I. LINE 5C **NET GAIN (LOSS) FROM NONINVENTORY SALES**

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE: COST OR OTHER BASIS: 59,910.

63,557.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$

STATEMENT 2 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES

ADVISOR FEES BANK CHARGES CHARITABLE CONTRIBUTIONS SCHOLARSHIPS AWARDED

1,931. Ś 299.

9,686.

46,000. 57,916. TOTAL \$

STATEMENT 3 FORM 990-EZ, PART III, LINE 28 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

THE PRIMARY PURPOSE OF HAILEY ROTARY FOUNDATION IS TO AWARD SCHOLARSHIPS TO HIGH SCHOOL GRADUATING SENIORS WHO ARE CONTINUING THEIR EDUCATION, ON A FULL TIME BASIS, EITHER IN AN ACADEMIC OR TRADE SCHOOL OF HIGHER LEARNING. ELIGIBLE STUDENTS ARE THOSE GRADUATING FROM ONE OF THE HIGH SCHOOLS LOCATED IN BLAINE COUNTY, IDAHO. STUDENTS SUBMIT A WRITTEN APPLICATION TO THE SCHOLARSHIP COMMITTEE. THE APPLICATIONS ARE REVIEWED AND STUDENTS ARE INTERVIEWED BY THE SCHOLARSHIPS ARE AWARDED IN MAY OF EACH YEAR.

IN ADDITION TO THE ABOVE THE FOUNDATION ALSO AWARDS SCHOLARSHIPS TO INDIVIDUALS TAKING HIGHER EDUCATION CLASSES AT THE COLLEGE OF SOUTHERN IDAHO JUNIOR COLLEGE BRANCH LOCATED IN HAILEY, IDAHO.

AS FUNDS ARE AVAILABLE THE FOUNDATION ALSO CONTRIBUTES TO LOCAL CHARITABLE GROUPS.

STATEMENT 4 FORM 990-EZ, PART VI REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

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

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

NO

NO

FEDERAL SUPPLEMENTAL INFORMATION

PAGE 1

HAILEY ROTARY FOUNDATION, INC.

82-0497133

SPECIAL EVENT
THE FOUNDATION HAS ONE SPECIAL EVENT NAMED ROAD APPLE ROULETTE. THE EVENT TAKES
PLACE ON THE 4TH OF JULY DURING THE ANNUAL DAYS OF THE OLD WEST PARADE. PRIOR TO
THE 4TH OF JULY VOLUNTEERS SELL TICKETS WHICH ALLOWS THE PURCHASER TO HAVE HIS NAME
ON A SQUARE ON MAIN STREET IN HAILEY, IDAHO. THE SQUARE IS RANDOMLY ASSIGNED TO THE
PURCHASER AND IS KEPT TRACK VIA GPS. TICKET PURCHASERS CAN GO ON LINE TO A WEB SITE
TO SEE WHERE THEIR SQUARES ARE ON MAIN STREET. ON PARADE DAY AS HORSES WALK DOWN
MAIN STREET THEY NATURALLY HAVE DROPPINGS. THE LOCATION OF THE DROPPINGS IS RELAYED
TO THE GPS AND IT IS DETERMINED THE PERSONS NAME WHO IS IN THAT SQUARE. ALL OF THE
WINNERS NAMES ARE PUT IN A HAT AND NAMES ARE DRAWN FOR PRIZES.