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Form **990-EZ**

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 \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization		D Employer identification number	
		ROTARY CLUB OF LEE'S SUMMIT		43-1587933	
		Number and street (or P O box, if mail is not delivered to street address)		Room/suite	E Telephone number
		PO BOX 785			816-525-9699
City or town, state or country, and ZIP + 4		F Group Exemption Number			
LEE'S SUMMIT, MO 64063					

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). **G Accounting method** Cash Accrual Other (specify) ▶

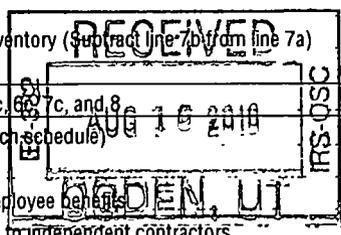
I Website: ▶ WWW.LSROTARY.COM **H Check** ▶ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) — 501(c) (4) ◀ (insert no) 4947(a)(1) or 527
K Check ▶ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not a required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **121,069.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Expenses	1 Contributions, gifts, grants, and similar amounts received	1	24,787.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	13,051.
	4 Investment income	4	631.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ <input type="checkbox"/>		
	a Gross revenue (not including \$ 12,037. of contributions reported on line 1)	6a	82,600.
	b Less direct expenses other than fundraising expenses	6b	59,198.
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	23,402.
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe ▶)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	61,871.
	10 Grants and similar amounts paid (attach schedule)	10	39,079.
11 Benefits paid to or for members	11		
12 Salaries, other compensation, and employee benefits	12		
13 Professional fees and other payments to independent contractors	13		
14 Occupancy, rent, utilities, and maintenance	14		
15 Printing, publications, postage, and shipping	15	188.	
16 Other expenses (describe ▶ SEE STATEMENT 1)	16	11,418.	
17 Total expenses. Add lines 10 through 16	17	50,685.	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	11,186.	
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	58,723.	
20 Other changes in net assets or fund balances (attach explanation)	20		
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	69,909.	



Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 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	58,723.	69,909.
23 Land and buildings		
24 Other assets (describe ▶)		
25 Total assets	58,723.	69,909.
26 Total liabilities (describe ▶)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	58,723.	69,909.

15

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
37b	b Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39	Section 501(c)(7) organizations Enter	39a	N/A
39a	a Initiation fees and capital contributions included on line 9	39a	N/A
39b	b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911	N/A, section 4912 N/A, section 4955 N/A	
40b	b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
40c	c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
40d	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		0.
40e	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	40e	X
41	List the states with which a copy of this return is filed	NONE	
42a	The organization's books are in care of	ROTARY TREASURER Telephone no 816-525-9699	
	Located at	P.O. BOX 785, LEE'S SUMMIT, MO ZIP + 4 64063	
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X
	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.		
42c	c At any time during the calendar year, did the organization maintain an office outside of the U S?	42c	X
	If "Yes," enter the name of the foreign country		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

47		
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- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
----	--	--
- 49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
-----	--	--
- b If "Yes," was the related organization a section 527 organization?

49b		
-----	--	--
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A				

f Total number of other employees paid over \$100,000 ▶ _____

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
N/A		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

Sign Here Under penalty of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Preparation of this return is based on all information of which preparer has any knowledge.

Signature of officer: *Janette Cooley* Date: *08-10-10*

JANETTE COOLEY, RESIDENT
Type of print name and title

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: *8/10/2010* Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: **HSMC CERTIFIED PUBLIC ACCOUNTANTS, P.C.**
3550 NE RALPH POWELL RD.
LEE'S SUMMIT, MO 64064

EIN: _____ Phone no: **(816) 525-9699**

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		GOLF TOURNAMENTS (event type)	MEALS (event type)	1 (total number)		
Revenue	1	Gross receipts	27,537.	51,260.	15,840.	94,637.
	2	Less: Charitable contributions	6,427.		5,610.	12,037.
	3	Gross income (line 1 minus line 2)	21,110.	51,260.	10,230.	82,600.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	822.		3,250.	4,072.
	6	Rent/facility costs	14,989.		1,800.	16,789.
	7	Food and beverages		27,858.	3,383.	31,241.
	8	Entertainment				
	9	Other direct expenses	5,299.		1,797.	7,096.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(59,198)
11	Net income summary. Combine line 3, column (d), and line 10				23,402.	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				()
8	Net gaming income summary. Combine line 1, column (d), and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? _____

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____

b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers? _____

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____

	Yes	No
9a		
10a		
11		
12		

		Yes	No				
<p>13 Indicate the percentage of gaming activity operated in:</p> <p style="margin-left: 20px;">a The organization's facility</p> <p style="margin-left: 20px;">b An outside facility</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">13a</td> <td style="width: 50%; text-align: right;">%</td> </tr> <tr> <td>13b</td> <td style="text-align: right;">%</td> </tr> </table>	13a	%	13b	%		
13a	%						
13b	%						
<p>14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:</p> <p style="margin-left: 20px;">Name ▶ _____</p> <p style="margin-left: 20px;">Address ▶ _____</p>							
<p>15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?</p> <p style="margin-left: 20px;">b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.</p> <p style="margin-left: 20px;">c If "Yes," enter name and address of the third party:</p> <p style="margin-left: 20px;">Name ▶ _____</p> <p style="margin-left: 20px;">Address ▶ _____</p>	15a						
<p>16 Gaming manager information:</p> <p style="margin-left: 20px;">Name ▶ _____</p> <p style="margin-left: 20px;">Gaming manager compensation ▶ \$ _____</p> <p style="margin-left: 20px;">Description of services provided ▶ _____</p> <p style="margin-left: 20px;">_____</p> <p style="margin-left: 20px;">_____</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor </p>							
<p>17 Mandatory distributions:</p> <p style="margin-left: 20px;">a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?</p> <p style="margin-left: 20px;">b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____</p>	17a						

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT 3

CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
WORLDWIDE PROJECTS	ROTARY INTERNATIONAL	7,650.
ROTARY INTERNATIONAL 1560 SHERMAN AVENUE EVANSTON, IL 60201		
CHARITABLE	ROTARY INTERNATIONAL	3,000.
LS ROTARY ENDOWMENT FOUNDATION 200 SE DOUGLAS LEES SUMMIT, MO 64063		
EDUCATIONAL LONGVIEW COMMUNITY COLLEGE 500 SW LONGVIEW ROAD LEES SUMMIT, MO 64081	NONE	7,000.
EDUCATIONAL BOY'S STATE PO BOX 667 WARRENSBURG, MO 64093	NONE	1,500.
EDUCATIONAL PROJECT GRADUATION 301 NE TUDOR ROAD LEES SUMMIT, MO 64086	NONE	600.
WORLDWIDE PROJECTS SHOES FOR ORPHANS SOULS 1560 SHERMAN AVENUE EVANSTON, IL 60201	NONE	240.
EDUCATIONAL JUNIOR ACHIEVEMENT OF MIDDLE AMERICA 4049 PENNSYLVANIA AVENUE, SUITE 150 KANSAS CITY, MO 64111	NONE	200.
WORLDWIDE PROJECTS SHELTER BOX USA 8374 MARKET STREET #203 LAKEWOOD RANCH, FL 34202	NONE	5,000.

ROTARY CLUB OF LEE'S SUMMIT

43-1587933

CHARITABLE
HOPE HOUSE
P.O. BOX 520409
INDEPENDENCE, MO 64052

NONE

1,586.

CHARITABLE
NORTH KC ROTARY CLUB
505 E. 18TH AVE
NORTH KANSAS CITY, MO 64116

ROTARY
INTERNATIONAL

500.

EDUCATIONAL
LEE'S SUMMIT R-7 SCHOOL DISTRICT
301 NE TUDOR ROAD
LEES SUMMIT, MO 64086

NONE

288.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

27,564.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 4

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

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

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ▶
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization ROTARY CLUB OF LEE'S SUMMIT	Employer identification number 43-1587933
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 785	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LEE'S SUMMIT, MO 64063	

Check type of return to be filed (file a separate application for each return):

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

ROTARY TREASURER

- The books are in the care of ▶ **P.O. BOX 785 - LEE'S SUMMIT, MO 64063**
Telephone No. ▶ **816-525-9699** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ . If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

- ▶ calendar year **2009** or
- ▶ tax year beginning _____, and ending _____.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.