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Return of Organization Exempt From Income Tax

2009 Open to Public

Form **990** (2009)

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Department of the Treasury Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection For the 2009 calendar year, or tax year beginning and ending Please Check if applicable C Name of organization D Employer identification number use IRS Address change RURITAN NATIONAL STERLING CLUB label or 54-6057986 Doing Business As Name change print or type Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number Initial return See P.O.BOX 11 703-531-7227 Specific Termination 464,111 City or town, state or country, and ZIP + 4 G Gross receipts \$ Instruc STERLING 20165 VA Amended return tions. Name and address of principal officer Application pending H(a) Is this a group return for ROBERT GRIFFIN affiliates? Yes X No 302 WEST VERNON CT STERLING VA 20164 If "No," attach a list (see instructions) Tax-exempt status **X** 501(c) (**4**) **◀** (insert no) 4947(a)(1) or 527 website. ▶ sterling.ruritan.org H(c) Group exemption number ▶ 1615 Type of organization X Corporation Trust 1950 Year of formation M State of legal domicile Part I Summary 1 Briefly describe the organization's mission or most significant activities COMMUNITY SERVICE Activities & Governance 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets 8 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 O 5 Total number of employees (Part V, line 2a) 5 30 6 Total number of volunteers (estimate if necessary) 6 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year **Current Year** 8 Contributions and grants (Part VIII, line 1h) Revenue 2,237 1,800 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 75 300 76,680 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 77,111 78,922 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) SCANNED JUL 2 9 40,142 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 43,646 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)
16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 37,588 39,723 17 Other expenses (Part 13, column NA) 2) 12 20 1111 (P1-241) 18 Total expenses Add mes 13–17 (must equal Part IX, Sejumn (A), line 25) 77,730 83,369 19 Revenue less expenses -619 -4.447 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 75,921 71, 474 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 75,921 71,474

Part II	Signature Block				
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying and belief, it is true, correct, and complete Declaration of preparer (other than officer) is base. Signature of officer	schedules and statemed on all information of v	ents, and to which prepar	the best of rer has any l	my knowledge knowledge 22/10
	ROBERT GRIFFIN Type or print name and title	TREASURER			
Paid	Preparer's MEREDITH K LIGHT, CPA .	Date 06/09/10	Check if self- employed	■ X	Preparer's identifying number (see instructions) 226-76-4908
reparer's Jse Only	Firm's name (or yours of self-employed), address, and ZIP + 4 Meredith K. Fight, CPA 25992 Light Ridge Farm Road Aldie, VA 20105	i		Phone	54-1719942 703-754-3394
lay the IRS di	scuss this return with the preparer shown above? (see instructions)				X Yes N

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

Form 990 (2 <u>00</u>	9) KUKITAN	NATIONAL	STERLING	СТОР	34-603/986	
Part III '	Statement of	Program Serv	ice Accomplis	hments		

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C . C /IVI			SEKVICE	

2	Did the organization undertake any significant program services during the year which were not the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O	listed on	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any prog services? If "Yes," describe these changes on Schedule O	gram	Yes X No
4		ort the amount of grants and	
	a (Code) (Expenses \$ 23,275 including grants of \$ SPONSORED LOCAL SCHOLARSHIP DINNER SPONSORED 3 H.S. OUTSTANDING STUDENT AWARDS SPONSORED 6 H.S. STUDENT COLLEGE SCHOLARSHIPS SPONSORED 3 H.S. OUTSTANDING STUDENT AWARDS PURCHASED BACKPACKS FOR STUDENTS HONORED SCHOLARSHIP STUDENTS WITH AWARD PLAQUES SPONSORED 12 OUTSTANDING STUDENT AWARDS	23,275) (Revenue \$ \$1,802 1,500 12,000 6,000 132 641 1,200 \$ 23,275	
	b (Code) (Expenses \$ 4,500 including grants of \$ SPONSORED 3 AREA HIGH SCHOOLS GRADUATION PROJEC	4,500) (Revenue \$	

SPONSORED	3	AREA	HIGH	SCHOOLS	GRADUATION	PROJECTS	\$4,500.00

4c (Code) (Expenses \$ 2,690 including grants of \$ 2,690) (Revenue \$ CONTRIBUTION TO LOCAL BOY SCOUT TROOP 966 FOR TROOP TRAILER \$2,690

						
4d	Other program services	(Describe in Sche	dule O)			
	(Expenses \$	13,181	including grants of \$	13,181) (Revenue_\$)
40	Total program service	expenses >	43,646			

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

	990 (2009) RURITAN NATIONAL STERLING CLUB 54-6057986			P	age (
_Pa	art IV ` Checklist of Required Schedules		_		
		1		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		•		x
2	Is the organization required to complete Schedule B, Schedule of Contributors?		2		X
3	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		3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete				
	Schedule C, Part II		4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)				
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		5		X
6	Did the organization maintain any donor advised funds or any similar funds or 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 I		6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,				
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"				
	complete Schedule D, Part III		8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part				
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"				
	complete Schedule D, Part IV		9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or				
	quasi-endowments? If "Yes," complete Schedule D, Part V		10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			٠,	
	VII, VIII, IX, or X as applicable		_11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete				
	Schedule D, Part VI				
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more				
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII				
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII				
_	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets				
•	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX				
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X				
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses				'
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X				
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				
-	Schedule D, Parts XI, XII, and XIII		12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,				
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any				
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		15		<u> </u>
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		16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services				
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on				
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	1	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			,,	
	If "Yes," complete Schedule G, Part III	İ	19	X	

Form **990** (2009)

Part IV ` Checklist of Required Schedules (continued)

	、		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		!	
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
• 4	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			₹.
_	24b through 24d and complete Schedule K. If "No," go to line 25	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24-		
4	to defease any tax-exempt bonds?	24c		
и 25а	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	24d		<u> </u>
LJa	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	250		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	25a		
J	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	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	250		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? 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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
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		Ì	
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
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		<u> </u>
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>X</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		
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_		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and]	.,	
	19? Note. All Form 990 filers are required to complete Schedule O	38	<u> </u>	(0000)

Pa	n v Statements Regarding Other IRS Filings and Tax Compliance				г	
4-			•		Yes	No
та	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	4.	2			
.	U.S. Information Returns. Enter -0- if not applicable. Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1a 1b	2	┪]
b c	Did the organization comply with backup withholding rules for reportable payments to vendors and report		L 	1		
·	gaming (gambling) winnings to prize winners?	abic		1c	x	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			10		
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			
b	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					
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	y				
	this return?			3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	ority				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	al				!
	account)?			4a		X
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 Bar	ık				
	and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	ng		1		
	Prohibited Tax Shelter Transaction?			5c	ļ	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or				
_	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).	40				,
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	18		7.		
	and services provided to the payor? If "Yes," did the appropriation patify the depart of the value of the goods or services provided?			7a 7b		
	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			10		
·	required to file Form 8282?			7c		
а	If "Yes," indicate the number of Forms 8282 filed during the year	7d		"		
9	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a person		<u> </u>	7		
•	benefit contract?			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	,		7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as					
	required?			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		<u> </u>
10	Section 501(c)(7) organizations. Enter	, ,	1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a_		4		
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		4		
11	Section 501(c)(12) organizations. Enter	1	1			
a	Gross income from members or shareholders	11a		4		
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them)	11b	<u> </u>	٠,	1	
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10		1	12a		
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Form 990 (2009) RURITAN NATIONAL STERLING CLUB Part VI ` Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Sec	tion A. Governing Body and Management			
			Yes	No
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		<u> </u>
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		<u> </u>
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		<u>X</u>
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		4.5	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			7.7
500	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
	etion B. Policies (This Section B requests information about policies not required by the Internal			
Rev	venue Code.)	_		
10a	Door the ergonization have lead shorters bronches or efficiency	40-	Yes	No X
b	Does the organization have local chapters, branches, or affiliates?	10a		
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	40.		
11	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
•	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	x	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
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		X
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?			
а	The organization's CEO, Executive Director, or top management official	15a		<u> </u>
b	Other officers or key employees of the organization	15b		<u> </u>
	If "Yes" to line 15a or 15b, 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			
_	with a taxable entity during the year?	16a		<u> </u>
þ	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		ļ	
	the organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
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 Forms 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			
40	Own website Another's website X 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			
e e	organization ► ROBERT GRIFFIN 302 WEST VERNON CT	12_52	1 _ 7	227
<u></u>	TERLING VA 20164-2516 70	<u>, </u>	<u> </u>	<u> </u>

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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- 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 compensated employees, and former such persons

Check this box if the organization (A)	(B)	1		(6	C)			(D)	(E)	(F)
Name and Title	Average hours per week	ndividual trustee or director		Officer	a Key employee	Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
LYNN BALANC										
BOARD OF DIR	2.00	X		-		\sqcup		0	0	
ANDREW MULLINS	0.00									
BOARD OF DIR	2.00	X	-			\vdash		0	0	
TOM HUMMER	2 00	١,,,								,
BOARD OF DIR	2.00	X	-		<u> </u>			0	0	
JAMES BRUEGGEMAN	2.00	x						o	o	(
PAST PRESIDENT ED LINEK	2.00	^				\vdash			0	
PRESIDENT	15.00			x			!	О	o	(
RAWENA DUFFORD	13.00	+		A		1 1		<u> </u>		
VICE PRESIDENT	2.00	Ì		x				0	o	(
JOY DYER		\top				\vdash				
SECRETARY	15.00			x				О	o	(
BOB GRIFFIN			-							
TREASURER	15.00			X				0	o	(
				-						

<u>_Pa</u>	rt VII Section A. Officers	Directors, Trus	tees	, Ke	y En	plo	yees	, an	d Highest Compensated E	mployees (continued)					
	` (A) Name and Title	(B) Average hours per	Pos	ition ((chec	C) kallt	hat a	_	(D) Reportable compensation	(E) Reportable		(F) Estimat			
	•	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	cor	other other mpensa from the ganiza nd rela ganizat	ation ne ition ited		
1b	Total			4- 41-			1 -1	<u> </u>							
2	Total number of individuals (inc reportable compensation from t	•		to tn	ose	ustec	abo	ve)	wno received more than \$1	00,000 in					
•	Did the experience but a set for		4.										Yes	No	
3	Did the organization list any for employee on line 1a? If "Yes," of	complete Schedu	le J f	for si	uch i	ndıvı	dual	•				3		<u>x</u>	
4	For any individual listed on line the organization and related org individual											4		x	
5	Did any person listed on line 1a services rendered to the organi										-	5		X	
Sec	tion B. Independent Contracto											<u>•</u> ,	1		
1	Complete this table for your five compensation from the organiz	ation	sate	d ind	lepe	nden	t cor	ntrac							
	Name and	(A) business address							Descript	(B) tion of services		Com	(C) pensati	on	
		-			_			_							
															
														-	
										 ,					
2	Total number of independent co	ontractors (include	ına h	ut no	ot lim	uted	to th	ose	listed above) who received						
DAA	more than \$100,000 in compen						***					0	990	(2000	

Total revenue Total revenu	Pa	irt V	III Statement of Reve	nue					
Page						(A) Total revenue	function	business	under sections
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Income from investment of tax-exempt bond proceeds			=	,	>	5			5
S Royalties		4		exempt bond p	roceeds >		· · · · · · · · · · · · · · · · · · ·		
(i) Real (ii) Personal		5			>			-	
D Less rental exps C Rental inc or (loss) P				(11)	Personal				
D Less rental exps C Rental inc or (loss) P		6a	Gross Rents						
C Rental in cor (loss)		Ι.							
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Miscellaneous Revenue Busn. Code 11a MEETING HALL OUTSIDE EVENTS 2,046 2,046 b MISCELLANEOUS INCOME 1,656 1,656 c STERLINGFEST 1,166 1,166 d All other revenue 1,206 1,206 e Total. Add lines 11a-11d 6,074			<u> </u>	of inventory	•				
b MISCELLANEOUS INCOME 1,656 1,656 1,656 1,656 1,656 1,656 1,656 1,656 1,166 1					Busn. Code				
b MISCELLANEOUS INCOME 1,656 1,656 1,656 1,656 1,656 1,656 1,656 1,656 1,166 1		11a	MEETING HALL OUTSIDE	EVENTS		2,046			2,046
c STERLINGFEST 1,166 1,166 d All other revenue 1,206 1,206 e Total. Add lines 11a–11d ► 6,074		b							
d All other revenue 1,206 1,206 e Total. Add lines 11a–11d ► 6,074		С							
e Total. Add lines 11a–11d ► 6,074		d							
		е			•				
	_	12	Total Revenue. See instruction	ns			0	0	78,922

Part IX 'Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII		expenses	general expenses	expenses
1	Grants and other assistance to governments and	20,371	20,371		
•	organizations in the U.S. See Part IV, line 21	20,371	20,311		
2	Grants and other assistance to individuals in	23,275	23,275		
	the U.S. See Part IV, line 22	23,213	23,213		
3	Grants and other assistance to governments,				
	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)			Į	
а	Management				
þ	Legal	0.60			
С	Accounting	868		868	
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	18,580		18,580	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		···		
19	Conferences, conventions, and meetings	6,714		6,714	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,993		2,993	
23	Insurance	- <u>-</u> -			
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)				
а	BUILDING MAINTAIENCE	6,785		6,785	
b	RURITAN NATIONAL DUES	2,022		2,022	
С	MISCELLANEOUS	986		986	
ď	POSTAGE	319		319	
e	DUES & SUBSCRIPTIONS	230		230	
f	All other expenses	226		226	
25	Total functional expenses. Add lines 1 through 24f	83,369	43,646	39,723	
26	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				
	fundraising solicitation				

	,			(A)		(B)
				Beginning of year		End of year
	1	Cash—non-interest bearing		28,457	_1	18,711
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	_
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, tri	-			
		employees, and highest compensated employees Comple	ete Part II of			
		Schedule L			5	·
	6	Receivables from other disqualified persons (as defined u				
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
S	_	Part II of Schedule L		6		
set	7	Notes and loans receivable, net	ļ		7	
Assets	8	Inventories for sale or use			8	
•	9	Prepaid expenses and deferred charges	, ,		9	
	10a	Land, buildings, and equipment cost or				
		other basis Complete Part VI of Schedule D	10a 151,058			
	b	Less accumulated depreciation	10b 98,295	47,464	10c	52,763
	11	Investments—publicly traded securities			11	
i	12	Investments—other securities See Part IV, line 11			12	
	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)		75,921	16	71,474
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18		
	19	Deferred revenue	19			
	20	Tax-exempt bond liabilities			20	
es	21	Escrow or custodial account liability Complete Part IV of S	Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees	s, key			
ģ		employees, highest compensated employees, and disqual	ıfied			
֓֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third p	parties		23	
	24	Unsecured notes and loans payable to unrelated third part	ies		24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25			26	_
S		Organizations that follow SFAS 117, check here ▶	and			
ğ		complete lines 27 through 29, and lines 33 and 34.			- 1	
<u>ā</u>	27	Unrestricted net assets			27	
Balances	28	Temporarily restricted net assets			28	
اع	29	Permanently restricted net assets	Ī		29	
<u>ا</u> ج.		Organizations that do not follow SFAS 117, check here	» X			
<u> </u>		and complete lines 30 through 34.	<u></u>			
S	30	Capital stock or trust principal, or current funds			30	
Set	31	Paid-in or capital surplus, or land, building, or equipment fi		31		
Š	32	Retained earnings, endowment, accumulated income, or o	, , , , , , , , , , , , , , , , , , ,	75,921	32	71,474
Net Assets or Fund	33	Total net assets or fund balances	İ	75,921	33	71,474
~	34	Total liabilities and net assets/fund balances	<u></u>	75,921	34	71,474

Form **990** (2009)

Form	990 (2009) RURITAN NATIONAL STERLING CLUB 54-6057986		Pa	ge 12
Pa	rt XI ` Financial Statements and Reporting		<u></u>	<u> </u>
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other	_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b		X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		<u></u>
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Open to Public

Inspection Name of the organization Employer identification number

R	URITAN NATIONAL STERLING CLUB		54-6057986								
Pa	rt I Organizations Maintaining Donor Advised Fun the organization answered "Yes" to Form 990, P	ds or Other Similar Funds or Adart IV, line 6									
		(a) Donor advised funds	(b) Funds and other accounts								
1	Total number at end of year										
2	Aggregate contributions to (during year)										
3	Aggregate grants from (during year)										
4	Aggregate value at end of year										
5	Did the organization inform all donors and donor advisors in writing that the	ie assets held in donor advised									
	funds are the organization's property, subject to the organization's exclusi		Yes N								
6	Did the organization inform all grantees, donors, and donor advisors in wr	iting that grant funds can be		_							
	used only for charitable purposes and not for the benefit of the donor or d	onor advisor, or for any other									
	purpose conferring impermissible private benefit?										
Pa	Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.										
1	Purpose(s) of conservation easements held by the organization (check all		•								
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically impo	ortant land area								
	Protection of natural habitat	Preservation of certified historic sti	ructure								
	Preservation of open space	_									
2	Complete lines 2a through 2d if the organization held a qualified conserva	tion contribution in the form of a conservati	aon								
	easement on the last day of the tax year										
			Held at the End of the Ta	x Year							
а	Total number of conservation easements		2a								
b	Total acreage restricted by conservation easements		2b								
C	Number of conservation easements on a certified historic structure includ	ed in (a)	2c								
d Number of conservation easements included in (c) acquired after 8/17/06											
3	3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during										
	the taxable year										
4	Number of states where property subject to conservation easement is loc	ated ►									
5	Does the organization have a written policy regarding the periodic monitor	ring, inspection, handling of									
	violations, and enforcement of the conservation easements it holds?		Yes	No							
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	conservation easements during the year									
	-										
7	Amount of expenses incurred in monitoring, inspecting, and enforcing con	servation easements during the year									
	<u></u> \$										
8	Does each conservation easement reported on line 2(d) above satisfy the	requirements of section	г) Г	٦							
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		Yes	No							
9	In Part XIV, describe how the organization reports conservation easemen										
	balance sheet, and include, if applicable, the text of the footnote to the org	janization's financial statements that descri	ibes								
Da	the organization's accounting for conservation easements rt III Organizations Maintaining Collections of Art, I	distoriasi Transuras ar Other S	imilar Assats								
Га	Complete if the organization answered "Yes" to		imilar Assets.								
12	If the organization elected, as permitted under SFAS 116, not to report in		works of								
14	art, historical treasures, or other similar assets held for public exhibition, e										
	provide, in Part XIV, the text of the footnote to its financial statements that	·	one service,								
h	If the organization elected, as permitted under SFAS 116, to report in its re		s of art								
~	historical treasures, or other similar assets held for public exhibition, educ										
	provide the following amounts relating to these items	ation, or research in luminerance of public s	service,								
	(i) Revenues included in Form 990, Part VIII, line 1		L 6								
	(ii) Assets included in Form 990, Part X		-								
2	If the organization received or held works of art, historical treasures, or other	ner similar assets for financial doin provide	a the								
-	following amounts required to be reported under SFAS 116 relating to the	• .,	s uie								
а	Revenues included in Form 990, Part VIII, line 1	oo nome	> \$								
	Assets included in Form 990, Part X		-								
	, additional and annihilation of the control of the		- -								

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

		Yes	No
i	3a(i)		
	3a(ii)		
	3b		

	es of the organization's endowment fund , Buildings, and Equipment. S		X, line 10	
Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other	151,058		98,295	52,763
Total. Add lines 1a through 1e (Column (d)	must equal Form 990, Part X, column (B), line 10(c))	>	52,763

Schedule D (Form 990) 2009

Schedule D (Fo	orm 990) 2009 RURITAN NATIONAL STER	LING CLUB	54-6057986	Page 3
Part VII	Investments—Other Securities. See Form 990	0, Part X, line 12.		
<u>-</u>	(a) Description of security or category	(b) Book value	(c) Method of	
	(including name of security)		Cost or end-of-yea	r market value
Financial derivation	atives			<u></u>
Closely-held ed	quity interests			
Other				··
			<u> </u>	·
	n (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments—Program Related. See Form 99			
	(a) Description of investment type	(b) Book value	(c) Method of	
			Cost or end-of-year	r market value
Total. (Column	n (b) must 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
			· · · · · · · · · · · · · · · · · · ·	
		······································		
				
				
				
				
Total (Column	n (b) must equal Form 990, Part X, col_(B) line 15)		•	
Part X	Other Liabilities. See Form 990, Part X, line 2	5		
1	(a) Description of liability	(b) Amount		
Federal income		1 1	-	
- Cacramiconn	- tunes		-	
			-	
			_	
			-	
		- 		
			-	
			-	
		· 	-	
				
			-	
			_	
	n (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>		
	otnote. In Part XIV, provide the text of the footnote to the organiz	zation's financial statement	s that reports the	
organization's l	liability for uncertain tax positions under FIN 48			

Sche	dule D (Form 990) 2009 RURITAN NATIONAL STERLING CLU		<u>54-6057986</u>	Page 4
Pa	rt XI · Reconciliation of Change in Net Assets from Form 990 to	o Audited Fin	ancial 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 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10	
Pa	Irt XII Reconciliation of Revenue per Audited Financial Stateme	ents With Rev	venue per Return	
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		ŀİ	
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
ь		4b		
C			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	·
	art XIII Reconciliation of Expenses per Audited Financial Staten	nents With Ex	openses per Return	
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		2b		
c	Other losses	2c		
d	-	2d		
е			2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 [-	
a		4a		
b	Other (Describe in Part XIV)	4b		
_	Add lines 4a and 4b	_40	4c	
5			5	
	art XIV Supplemental Information		·····	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, line	es 1a and 4 Part	IV lines 1h	
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, line			
	part to provide any additional information	53 20 and 40 Also	Complete	
uus p	and to provide any additional information			
			_ 	
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Sched	ule D	(Fo	rm 99	90) 20	009	R	JRI	TA	<u> </u>	AT:	EON.	AL	ST	ER	LIN	G	CL	UB		5	54-	60.	579	86						Page 5
Sched Par	t XI	v.	Su	ople	men	tal	Info	rma	tion	(cor	ntinu	ed)																-		
									-						,				 				_							
•																														
	_	_	_			_	_			_			_	_	_	_	-		 _		_			_	_	_	_	_	_	
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SCHEDULE G (Form 990 or 990-EZ) **Supplemental Information Regarding**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ

See separate instructions

Open To Public Inspection

lame of the organization RURITAN NATIONAL	STERLING C	LUB		54-60579	
Part I Fundraising Activities. Complete Form 990-EZ filers are not require			red "Yes" to Form	n 990, Part IV, line	e 17.
1 Indicate whether the organization raised funds through	any of the following a	activities Che	ck all that apply		
a Mail solicitations	e Solicitation	of non-gove	rnment grants		
b Internet and email solicitations	f Solicitation	of governme	ent grants		
c Phone solicitations	g 🔲 Special fur	ndraising eve	nts		
d In-person solicitations					
2a Did the organization have a written or oral agreement or key employees listed in Form 990, Part VII) or entity					Yes No
b If "Yes," list the ten highest paid individuals or entities to be compensated at least \$5,000 by the organization		t to agreeme	nts under which the fu	ndraiser is	
(i) Name of individual or entity (fundraiser)	(ii) Activity	(III) Did fund- raiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes No			
	- 	 			
		1 1 -			
		1			
		1 1			
			·		
		 			
	_	-1			
Total		•		l	1

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

P	art i	Fundraising E more than \$15	vents. Complet ,000 on Form 9	e if the orga 90-EZ, line 6	nization ar Sa. List eve	nswered "Yes" to ents with gross re	Form 990, Part IV	V, line 18 an \$5,00	3, or rep 0.	orted	1	
	•		(a) Event) Event #2	(c) Other events	_	(d) Total e (add col (a col (throug	gh	
Revenue	Gross receipts Less Charitable contributions Gross revenue (line 1									- 		
	3	1										
	4	Cash prizes								=		
	5	Noncash prizes	·							_		
sesu	6	Rent/facility costs										
Direct Expenses	7	Food and beverages								_		
Dire	8	Entertainment	·		<u> </u>		<u> </u>			·		
	9	Other direct expenses	<u> </u>	1								
_	10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported m											
	arti		on Form 990-EZ		wered re	S 10 FOIII 990, F	-art IV, line 19, or	reporte	u more			
Revenue	(a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming								(d) Total gaming (Add col (a) through col (c))			
Re Se	1	1 Gross revenue 237,940 213,333 4,522						3 4,522 455				
ses	2	Cash prizes		148,463		153,146	5,	282	3(06,8	891	
Expenses	3	Noncash prizes	<u> </u>								· · · · ·	
Direct	4	Rent/facility costs								_		
	5_	Other direct expenses	- 10A	78,257	(32)	100 00	100 00	41		78 , 2	298	
	6	Volunteer labor	X Yes 100	0.00 %	X Yes	100.00 %	X Yes 100.00	J %				
	7	Direct expense summary	rect expense summary Add lines 2 through 5 in column (d)									
	Net gaming income summary Combine line 1, column d, and line 7									70, Yes	606 No	
9 a	to the control of the								9a	X	NO	
b		No," Explain										
10a b		ere any of the organization' Yes," Explain	s gamıng licenses re	voked, suspend	led or termina	ted during the tax yea	ır?		10a		х	
11	Do	es the organization operate	e gaming activities w	ith nonmembers	s?				11		x	
12												

iche	dule G (Form 990 or 990-EZ) 2009	RURITAN NATIONAL STERLING CLUB	<u>54-605798</u>	6	Р	age 3
		-			Yes	No
3	Indicate the percentage of gaming acti	vity operated in				
а	'The organization's facility		13a %			
b	An outside facility		13b %			
4	Provide the name and address of the pand records	person who prepares the organization's gaming/special events bool	KS			
	Name ▶ ROBERT GRIFFIN					
	302 WEST VERNON	CT				\
	Address ► STERLING		VA 20164-2516			
5a	Does the organization have a contract revenue?	with a third party from whom the organization receives gaming		15a		x
b	If "Yes," enter the amount of gaming re	evenue received by the organization > \$	and the			
	amount of gaming revenue retained by	the third party ► \$				
С	If "Yes," enter name and address of the	e third party				
	Name					
	Address ►					
6	Gaming manager information					:
	Name ▶					
	Gaming manager compensation	\$:
	Description of services provided ▶					
	Director/officer En	nployee Independent contractor				
7	Mandatory distributions					
а	Is the organization required under state	e law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?			17a	Х	<u> </u>
b	Enter the amount of distributions requi	red under state law distributed to other exempt organizations or spe	ent			
	in the organization's own exempt activi	ities during the tax year ▶ \$ 43,646				

Schedule G (Form 990 or 990-EZ) 2009

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SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

RURITAN NATIONAL STERLING CLUB

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990.

2009
2009
Open to Public Inspection

Employer identification number

54-6057986

2 Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 Part IV and Schedule I-1 (Form 990) if additional space is needed (h) Purpose of grant or assistance X Yes non-cash assistance (g) Description of 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (d) Amount of cash grant (e) Amount of non-cash (book, FMV, appraisal, assistance other) 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (c) IRC section if applicable General Information on Grants and Assistance (b) EIN Enter total number of section 501(c)(3) and government organizations the selection criteria used to award the grants or assistance? (a) Name and address of organization 3 Enter total number of other organizations or government Part

Schedule I (Form 990) 2009

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

Page 2

Schedule I (Form 990) 2009 RURITAN NATIONAL STERLING CLUB

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Type of grant or security.

See 1 all a collegale 1 (1 oll) according to the collegal space is liceded.	יו סוויו ססס/ יו מממווים	יוומו סטמטר וס ווכרטטטעני			
(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
	recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
ACADEMIC SCHOLARSHIP-PFHS	2	4,000			
AWARD-OUTSTANDING STUDENT	П	2,000			
AWARD-OUTSTANDNG STUDENT	П	2,000			
AWARD-OUTSTANDING STUDENT	н	2,000			
ACADEMIC SCHOLARSHIP-PVHS	8	4,000			
ACADEMC SCHOLRSHP-DOM HS	2	4,000			
AWARD-OUTSTANDING STUDENT 12	12	1,200			
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,	line 2, and any other addition	onal information.

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

CLUB USES ANNUAL BUDGET APPROVED BY BOARD OF DIRECTORS FROM REQUESTS

SUBMITTED BY VARIOUS CLUB MEMBER COMMITTEES AND ADMINISTERED BY CLUB

OFFICERS

Schedule I (Form 990) 2009

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Schedule F1 (Form 990) 2009 RURITAN NATIONAL STERLING CLUB 54-6057986 Part II Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III	NAL STERLING (CLUB 54-6057986 ividuals in the United States (Sc)	7986 les (Schedule I (Form	990), Part III)	Page 2
1	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
AWARD-OUTSTANDING STUDENT	3	1,500			
SPONSOR SCHOLARSHP DINNER	24	1,802			
PLAQUES FOR SCHOLARSHIPS	6	641			
STUDENT BACK PACKS		132	-		
i			2.77.1		•
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					Schedule I-1 (Form 990) 2009

SCHEDULE O (Form 990)

Name of the organization

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

2009
Open to Public Inspection

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Employer identification number

54-6057986

RURITAN NATIONAL STERLING CLUB

Form 990, Part III, Line 4d - All Other Achievements
CONTRIBUTION TO LOCAL SOFTBALL TEAMS \$ 900
CONTRIBUTION TO LOCAL CYSTIC FIBROSIS WALK 100
CONTRIBUTION TO FILIPINO-AMERICAN BASKETBALL 500
CONTRIB. TO STERLINGFEST-LOCAL COMMUNITY EVENT 500
CONTRIBUTION FOR MEMORIAL DAY WREATHS/BOYS STATE 986
CONTRIB TO LOCAL COMM CTR, SENIOR THANKSGIVING 420
CONTRIBUTION TO KIDS-R-FIRST 2,000
CONTRIBUTION TO HUNTERS FOR THE HUNGRY 2,000
CONTRIBUTION TO NVCC CLUB TEEN DRIVING SCHOOL 250
CONTRIBUTION TO LOCAL BASEBALL CAMP 25
CONTRIBUTION TO GOOD SHEPARD ALLIANCE 1,000
CONTRIBUTION TO LOCAL MIDDLE SCHOOL 500
CONTRIBUTION TO LOCAL MIDDLE SCHOOL PTO 400
CONTRIBUTION TO LINK-FOOD DISTRIBUTION TO NEEDY 1,500
CONTRIBUTION TO LOCAL COUNTY HOLIDAY COALITION 1,000
CONTRIBUTION TO LOCAL VFW POST 600
CONTRIBUTION TO LOCAL H.S. MUSIC PROGRAM 500

TOTAL \$13,181

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 REVIEW BY CLUB TREASURER AND AVAILABLE TO BOARD OF DIRECTORS

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Page 2

Name of the organization

Schedule O (Form 990) 2009

RURITAN NATIONAL STERLING CLUB

Employer identification number

54-6057986

AVAILABLE FOR INSPECTION UPON REQUEST

Sch G, Part III, Line 17b - Required Distributions per State Law

State

Distribution Amount

Virginia

\$ 43,646

.... Special Events Schedule Form 990 2009 For calendar year 2009, or tax year beginning and ending Name Employer Identification Number RURITAN NATIONAL STERLING CLUB 54-6057986 (C) Others Total 1,309 13,246 10,014 1,308 615 Gross receipts 0 0 Less contributions 1,308 10,014 1,309 615 13,246 Gross revenue 7,968 143 235 482 8,828 Less direct expenses 1,073 133 4,418 Net income (loss)

Net income (lo	ss) _	2,046	1,10	<u>66</u>
	_			
Description	(A)	MEETING HALL	OUTSIDE	EVENTS
	(B)	STERLINGFEST		 _
	(C)	YARD SALES/F	LEA MARKE	T
	Others	SNACK BAR SA UMBRELLA SAL		

Form **4562**

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return. OMB No 1545-0172

Attachment Sequence No

vame	e(s) shown on return RURITAN	NATIONAL	STERLING (CLUB					191ng n	7986	
	ess or activity to which this form relates										
<u> I</u>	<u>ndirect Depreciati</u>										
Pa	art I Election To Expen	•	-								
	Note: If you have a				you	com	<u>plete Pa</u>	rt I			
1	Maximum amount See the instructi			es					1	2	50,000
2	Total cost of section 179 property p	•	•						2		000
3	Threshold cost of section 179 prope	-	· ·	ructions)					3	<u> </u>	00,000
4	Reduction in limitation Subtract line			1.50					4		
5	Dollar limitation for tax year Subtract line								5	<u> </u>	
6	(a) Description	of property		(b) Cost (busine	ss use	only)	(c) E	lected cos	t	_	
											
										Į	
7	Listed property Enter the amount fr								Τ.		
8	Total elected cost of section 179 pro	•	in column (c), lines	b and /					8		 -
9	Tentative deduction Enter the sma								9		
10	Carryover of disallowed deduction f								10		
11	Business income limitation. Enter the		•	•	ie 5 (s	ee ins	tructions)		11		
12	Section 179 expense deduction Ad			nan line 11			 .		12		
13	Carryover of disallowed deduction to Do not use Part II or Part III below to					13	l			L	
_				oiotion (D		4 :1	مامان مامد	d =====	\ .	(Con instr.)	
							ude liste	a prope	∌ιι <u>γ.)</u> Τ	(See ilisti)	
14	Special depreciation allowance for o	· · · · · · · · · · · · · · · · · · ·	ier than listed propei	rty) placed in s	service	₹			1		
	during the tax year (see instructions	•							14		
15	Property subject to section 168(f)(1								15		1,496
16 D	Other depreciation (including ACRS Art III MACRS Depreciati		ide listed prope	rtv.) (Soo ii	octru	otion	<u>\</u>		16	·	1,490
	MACKS Depreciati	יוטוו ווטני ווטני וווטני	Section		15110	CHO	15.)		_		
	MACRS deductions for access place	ad in control in tax vo				,			T 47	1	1,497
17	MACRS deductions for assets place	•					haali haaa N		17	L	1,231
18_	If you are electing to group any assets plants Section B—	Assets Placed in Se						iation Sy	/stem		
		(b) Month and year	(c) Basis for deprec			1	Tai Bopico	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	010111	T	
	(a) Classification of property	placed in service	(business/investmer only-see instruction	it use	•	(e) C	Convention	(f) Me	thod	(g) Depreciat	ion deduction
19a	3-year property			_		<u> </u>					
<u>b</u>	5-year property										
<u> </u>	7-year property										
d	10-year property										
е	15-year property										
f_	20-year property										
g	25-year property			25 y	rs			S/l			
h	Residential rental		_	27 5	yrs	L	MM	S/l			
	property			27 5	yrs		MM	S/I			
i	Nonresidential real			39_y	<u>rs</u>		MM	S/I			
	property					<u> </u>	MM	S/I			
	Section C—As	ssets Placed in Sen	vice During 2009 Ta	x Year Using	the A	Alterna	tive Depre	eciation S	System	<u> </u>	
20a	Class life							S/I			
b	12-year			12)	/rs			S/I			
	40-year	<u> </u>	<u> </u>	40 \	yrs	l	MM	S/I		l	
	art IV Summary (See ins		·							T	
21	Listed property Enter amount from								21	ļ. <u> </u>	
22	Total. Add amounts from line 12, lin	=				Enter	here				0 000
	and on the appropriate lines of your	•	· ·		ons	·			22		2,993
23	For assets shown above and placed	-	e current year, enter	the		_					
	portion of the basis attributable to se	ection 263A costs				23	1			1	

27585000SRC RURITAN NATIONAL STERLING CLUB
54-6057986 Federal Asset Report

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FYE: 12/31/2009

Form 990, Page 1

5 1996 COM 6 BINGO RO 7 CHAIRS 8 NEW AIR	Description HROOM DRAWINGS HPUTER DOM ADDITION CONDITIONER DM ADDITION	Date In Service 12/31/96 1/01/96 11/18/97 5/20/97 5/20/97 1/06/98	1,500 800 54,378 4,178 3,448 3,900 68,204	Bus %	Sec 179Bonus	1,500 800 54,378 4,178 3,448	39 5 39 7 5	MM S/L HY S/L MM S/L HY S/L HY S/L HY S/L MM S/L	452 800 15,158 4,178 3,448 1,096	37 0 1,360 0 100
3 1973 BLD 10 PEPSI MA 11 PROPANE 12 PRPPANE 13 PROPANE 14 CHAIRS 15 NEVADA 16 PRINTER 17 1 TABLE 18 1 TABLE 19 1 TABLE 20 1 TABLE 21 1 TABLE 22 QUICK BO 23 RUDY RU 24 HP PRINT 25 ROOF RE	DING G ADDITION G ADDITION G ADDITION CHINE E FURNACE G GAS GRILL E TANK FOR GRILL PULL-TAB MACHINE COKS NON-PROFIT SOFTWAI IRITAN BEAR SUIT ER PAIR ALL INSULATION	7/01/56 7/01/60 7/01/73 10/11/00 5/12/00 8/25/00 9/21/00 2/26/01 5/28/01 11/17/03 10/12/06 10/12/06 10/12/06 10/12/06 2/03/06 3/13/06 4/12/07 5/22/09 1/30/09 7/22/09	8,000 20,000 35,000 500 1,263 1,144 254 730 5,703 730 51 51 51 51 51 350 350 283 5,700 2,193 399			8,000 20,000 35,000 500 1,263 1,144 254 730 5,703 730 51 51 51 51 51 350 350 283 5,700 2,193 399	40 40 5 10 7 7 7 7 7 7 7 7 7 7 7 7 5 5 5 5 7	MO S/L MO S/L	8,000 20,000 31,633 500 1,095 1,144 254 730 5,703 530 16 16 16 16 204 198 99 0	0 0 875 0 126 0 0 0 104 8 8 8 8 70 70 70 57 85 52 17
	Total ACRS and Other Deprec Grand Totals Less: Dispositions and Transfer Less: Start-up/Org Expense Net Grand Totals		82,854 151,058 0 0 151,058			82,854 151,058 0 0 151,058			95,302 0 0 95,302	2,993 0 0 2,993