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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)

OMB No 1545-1150

2009Open to Public
Inspection

▶ 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.

A For the **2009** calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization**ROTARY CLUB OF KING OF PRUSSIA, INC.**

Number and street (or P.O. box, if mail is not delivered to street address)

C/O H. GEORGE SHOFFNER, 651 S. GULPH RD.

City or town, state or country, and ZIP + 4

KING OF PRUSSIA, PA 19406**D** Employer identification number**23-6391169****E** Telephone number**610-962-9820****F** Group Exemption Number ▶

• 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: ▶ **HTTP://WWW.KINGOFPRUSSIAROTARY.ORG**

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 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 ▶ \$ **5,392.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21			
Revenue	1	Contributions, gifts, grants, and similar amounts received														1	4,635.														
	2	Program service revenue including government fees and contracts														2															
	3	Membership dues and assessments														3															
	4	Investment income														4	233.														
	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 ☐																													
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)														6a	524.														
	b	Less: direct expenses other than fundraising expenses														6b															
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)														6c	524.															
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	5,392.															
Expenses	10	Grants and similar amounts paid (attach schedule)														10	5,075.														
	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															
	16	Other expenses (describe SEE STATEMENT 1)														16	2,579.														
	17	Total expenses Add lines 10 through 16														17	7,654.														
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)														18	-2,262.														
	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	15,304.														
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	13,042.															

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	15,304.	13,042.
23	Land and buildings		
24	Other assets (describe _____)		
25	Total assets	15,304.	13,042.
26	Total liabilities (describe _____)		
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	15,304.	13,042.

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

Form **990-EZ** (2009)

SCANNED

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)**Expenses**What is the organization's primary exempt purpose? **COMMUNITY SERVICE**

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

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 DUES PAID TO ROTARY INTERNATIONAL, AN AFFILIATED INTERNATIONAL SERVICE ORGANIZATION, EVANSTON, IL(Grants \$ **2,555.**) If this amount includes foreign grants, check here ☐**28a 2,555.****29 DUES PAID TO ROTARY DISTRICT 7450, AN AFFILIATED REGIONAL SERVICE ORGANIZATION, PHILADELPHIA, PA**(Grants \$ **2,090.**) If this amount includes foreign grants, check here ☐**29a 2,090.****30 DUES PAID TO GUNDAKER FOUNDATION OF ROTARY DISTRICT 7450, PHILADELPHIA, PA**(Grants \$ **430.**) If this amount includes foreign grants, check here ☐**30a 430.****31 Other program services (attach schedule) SEE STATEMENT 4**(Grants \$) If this amount includes foreign grants, check here ☐**31a 690.****32 Total program service expenses (add lines 28a through 31a)****32 5,765.****Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV.)

(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 & deferred compensation	(e) Expense account and other allowances
DAVID G. REBMANN	PRESIDENT			
39 CONNOR DR., ROYERSFORD, PA 19468	5.00	0.	0.	0.
ROBERT HART, 1024 REDTAIL RD., EAGLEVILLE, PA 19403	PRES. ELECT			
	2.00	0.	0.	0.
JOHN ALFONSE	VICE PRES.			
1030 COLIN DR., ROYERSFORD, PA 19468	1.00	0.	0.	0.
H. GEORGE SHOFFNER, 316 VALLEY VIEW RD., KING OF PRUSSIA, PA 19406	TREASURER			
	3.00	0.	0.	0.
KAREN GELLER	SECRETARY			
1069 WHITEGATE RD., WAYNE, PA 19087	1.00	0.	0.	0.
CARL PINTO, 256 SWEETBRIAR CIRCLE, KING OF PRUSSIA, PA 19406	DIRECTOR			
	0.00	0.	0.	0.
DAVID J. STAIGER	DIRECTOR			
1895 HAWTHORNE PLACE, PAOLI, PA 19301	0.00	0.	0.	0.
SUZANNE L. BASILE, 133 IVY LANE, KING OF PRUSSIA, PA 19406	DIRECTOR			
	0.00	0.	0.	0.
PETER QUINN, 609 COLUMBIA MILLS COURT, WALLINGFORD, PA 19086	DIRECTOR			
	0.00	0.	0.	0.
CURIN ROMICH, 40 E. FIRST AVENUE #2, TRAPPE, PA 19426	2ND VICE PRES.			
	0.00	0.	0.	0.
THOMAS REES, 911 BLACK ROCK RD., GLADWYNE, PA 19035	DIRECTOR			
	0.00	0.	0.	0.
LEE KOCH, 2028 WORTHINGTON CT., MACUNGIE, PA 18062	DIRECTOR			
	0.00	0.	0.	0.
DAVE OSCAR	DIRECTOR			
57 GLEN OLEY DR., READING, PA 19606	0.00	0.	0.	0.
CARL SCHULTHEIS, 532 GEN. LEARNED RD., KING OF PRUSSIA, PA 19406	DIRECTOR			
	0.00	0.	0.	0.
ROSE HYKEL, 245 HAMPTON RD., KING OF PRUSSIA, PA 19406	DIRECTOR			
	0.00	0.	0.	0.

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	33	X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	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.		
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?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	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	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.		
b Did the organization file Form 1120-POL for this year?	37b	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
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	N/A
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		
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
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.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
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 ▶ H. GEORGE SHOFFNER, TREASURE Telephone no. ▶ 610-962-9820 Located at ▶ 651 S. GULPH ROAD, KING OF PRUSSIA, PA ZIP + 4 ▶ 19406		
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.		
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

Form 990-EZ (2009)

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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 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."

	Yes	No
46		
47		
48		
49a		
49b		

(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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: H. George Shoffner Date: 10/20/12

H. GEORGE SHOFFNER, TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed: ☐ Preparer's identifying number (See instr.): _____

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ EIN: _____ Phone no.: _____

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

☒ Yes ☐ No

Form 990-EZ (2009)

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
BECK & VAUGHN AWARD EXPENSES		223.	
POLICE & FIRE AWARDS EXPENSES		285.	
CLUB OFFICERS' SUPPLIES & EXPENSES		74.	
CLUB WEBSITE EXPENSES		579.	
PRES, SEC, TREAS COMM AWARDS		90.	
MEMORY PLAQUES - FLOWERS		207.	
ROTARY TRAINING		75.	
ADVERTISEMENTS		150.	
MEMBERSHIP DEVELOPMENT		230.	
MISCELLANEOUS		484.	
UPPER MERION FAIR		182.	
TOTAL TO FORM 990-EZ, LINE 16		2,579.	

FORM 990-EZ	CASH GRANTS AND ALLOCATIONS	STATEMENT	2
CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT	
DUES TO NATIONAL ORGANIZATION	ROTARY NATIONAL ORGANIZATION	2,555.	
ROTARY INTERNATIONAL 1560 SHERMAN AVENUE EVANSTON, IL 60201			
DUES TO ROTARY DISTRICT ORGANIZATION	ROTARY DISTRICT ORGANIZATION	2,090.	
ROTARY DISTRICT 7450 PHILADELPHIA, PA			
ROTARY DISTRICT FOUNDATION DUES	ROTARY DISTRICT ORGANIZATION	430.	
GUNDAKER FOUNDATION OF ROTARY DISTRICT 7450 PHILADELPHIA, PA			
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		5,075.	

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 3

- 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

FORM 990-EZ

OTHER PROGRAM SERVICES

STATEMENT

4

DESCRIPTION

GRANTS

EXPENSES

UPPER MERION FAIR

0.

182.

BECK & VAUGHN AWARDS

0.

223.

POLICE & FIRE AWARDS

0.

285.

TOTAL TO FORM 990-EZ, LINE 31

690.

ROTARY CLUB OF KING OF PRUSSIA, INC.

EIN 23-6391169

Form 990-EZ

FYE 6/30/10

Part I, Line 1 - Contributions, etc:

Membership dues (primarily to support
the organization's activities) and
similar assessments and member contributions.

4,635

Total

4,635

Part III - Statement of Program Service Accomplishments:

The Club's most significant ongoing program is the conducting of fundraising activities, by volunteer Club member's time, which are held each year by the King of Prussia Rotary Club Charitable Foundation, Inc., which is an IRC 501 (c) (3) charitable organization. All financial matters relative to the auction are the direct financial matters of the King of Prussia Rotary Club Charitable Foundation, Inc. and not the Rotary Club of King of Prussia, Inc.