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A For the 2009 calendar year, or tax year beginning 07-01-2009, and ending 06-30-2010				
B Check if applicable	Please use IRS label or print or type. See Specific Instructions.	C Name of organization ROTARY INTERNATIONAL JUNEAU GLACIER VALLEY ROTARY CLUB		D Employer identification number 23-7332939
Address change		Number and street (or P O box, if mail is not delivered to street address) Room/suite POBOX 34418		E Telephone number (907) 789-3178
Name change				F Group Exemption Number 0573
Initial return		City or town, state or country, and ZIP + 4 JUNEAU, AK 998034418		
Terminated				
Amended return				
Application pending				

* 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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶
I Website: ▶ www.juneau.com/rotary/glacier		H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Tax-Exempt status (check only one)— <input checked="" type="checkbox"/> 501(c)(4) ◀(insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 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.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)					
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	12,747	
	2	Program service revenue including government fees and contracts	2	49,890	
	3	Membership dues and assessments	3	51,731	
	4	Investment income	4	146	
	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 checked="" type="checkbox"/>			
	a	Gross revenue (not including \$ _ of contributions reported on line 1)	6a	107,718	
	b	Less direct expenses other than fundraising expenses	6b	55,720	
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	51,998	
	7a	Gross sales of inventory, less returns and allowances	7a	1,038	
	b	Less cost of goods sold	7b	2,453	
Expenses	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-1,415	
	8	Other revenue (describe _____)	8		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	165,097	
	10	Grants and similar amounts paid (attach schedule) <input checked="" type="checkbox"/>	10	11,061	
	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 _____)	16	127,879	
	17	Total expenses. Add lines 10 through 16	17	138,940	
	Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	26,157
		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	59,682
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	85,839	

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	53,410	22 82,820
23 Land and buildings		23
24 Other assets (describe  )	14,910	24 4,295
25 Total assets	68,320	25 87,115
26 Total liabilities (describe  )	8,638	26 1,276
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) .	59,682	27 85,839

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? COMMUNITY AND WORLD SERVICE FOR HEALTH, HUNGER AND HUMANITY			
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 See Additional Data Table			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	
29			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	
30			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	
31 Other program services (attach schedule)			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	131,629

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

Part VOther 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	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	No
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	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
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	
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	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved .	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶, section 4912 ▶, section 4955 ▶		
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	No
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	No
41	List the states with which a copy of this return is filed ▶ AK		
42a	The organization's books are in care of ▶ DANTE REYES Telephone no ▶ (907) 789-3178 9309 Glacier Highway B-200 Located at ▶ JUNEAU, AK ZIP + 4 ▶ 99801		
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)? 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.	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶	42c	No
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	
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No
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	No

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
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization a school 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?		
49b	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."		

(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

50(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

51(d) Total number of other independent contractors each receiving over \$100,000

Please Sign Here	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		Date	
Paid Preparer's Use Only	Preparer's signature		Date	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4		Check if self-employed	EIN
				Phone no
May the IRS discuss this return with the preparer shown above? See instructions				

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
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.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
ROTARY INTERNATIONAL
JUNEAU GLACIER VALLEY ROTARY CLUB

Employer identification number

23-7332939

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐

Mail solicitations

b

☐

Internet and e-mail solicitations

c

☐

Phone solicitations

d

☐

In-person solicitations

e

☐

Solicitation of non-government grants

f

☐

Solicitation of government grants

g

☐

Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

☐ Yes

☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser 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			
Total ▶						

3

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.

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.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
			RUBBER DUCKY RACE	BOAT SHOW	1	(Add col (a) through col (c))
			(event type)	(event type)	(total number)	
	1	Gross receipts	38,851	35,110	7,947	81,908
Direct Expenses	2	Less Charitable contributions				
	3	Gross income (line 1 minus line 2)	38,851	35,110	7,947	81,908
	4	Cash prizes	10,000			10,000
	5	Non-cash prizes . . .				
	6	Rent/facility costs . .				
	7	Food and beverages . .				
	8	Entertainment . . .				
	9	Other direct expenses .	12,631	10,897	7,947	31,475
	10	Direct expense summary Add lines 4 through 9 in column (d)				41,475
	11	Net income summary Combine lines 3, column d, and line 10.				40,433

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.

Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
						(Add col (a) through col (c))
Direct Expenses	1	Gross revenue			25,810	25,810
	2	Cash prizes			13,145	13,145
	3	Non-cash prizes . . .				
	4	Rent/facility costs . .				
	5	Other direct expenses . .			1,100	1,100
	6	Volunteer labor . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
	7	Direct expense summary Add lines 2 through 5 in column (d)				14,245
	8	Net gaming income summary Combine lines 1, column d, and line 7				11,565

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities AK		
a	Is the organization licensed to operate gaming activities in each of these states?	9a Yes	
b	If "No," Explain		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	No
b	If "Yes," Explain		
11	Does the organization operate gaming activities with nonmembers?	11 Yes	
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?	12	No

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility	13a	
b	An outside facility	13b	100 000 %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ▶ ELGEE REHFELD MERTZ LLC			
Address ▶ 9309 GLACIER HWY SUITE B-200 JUNEAU, AK 99801			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____		
c	If "Yes," enter name and address		
Name ▶			
Address ▶			
16	Gaming manager information		
Name ▶ dante reyes			
Gaming manager compensation ▶ \$ _____ 0			
Description of services provided ▶ overall management of the gaming activity, compliance with state gaming rules, accounting and cash collection			
<input checked="" type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	Yes
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 11,565		

TY 2009 Grants and Similar Amounts Paid Schedule**Name:** ROTARY INTERNATIONAL

JUNEAU GLACIER VALLEY ROTARY CLUB

EIN: 23-7332939

Item No.	1
Class of Activity	EDUCATIONAL SCHOLARSHIPS
Donee's Name	
Donee's Address	
Amount (FMV)	3,750
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	
Donee's Name	ROTARY INTERNATIONAL
Donee's Address	1560 SHERMAN AVENUE EVANSTON, IL 60201
Amount (FMV)	3,671
Purpose of Payment to Affiliate	ANNUAL DUES
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	
Donee's Name	JUNEAU ROTARY DISTRICT
Donee's Address	200 WEST 34TH AVENUE ANCHORAGE, AK 99501
Amount (FMV)	3,640
Purpose of Payment to Affiliate	ANNUAL DUES
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2009 Other Assets Schedule

Name: ROTARY INTERNATIONAL

JUNEAU GLACIER VALLEY ROTARY CLUB

EIN: 23-7332939

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS RECEIVABLE	7,270	4,295
PREPAID EXPENSES	7,640	0

Additional Data

Software ID:
Software Version:
EIN: 23-7332939
Name: ROTARY INTERNATIONAL
JUNEAU GLACIER VALLEY ROTARY CLUB

Form 990EZ, Part III - Statement of Program Service Accomplishments

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.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
28 COMMUNITY SERVICE - VARIOUS EVENTS AND DONATIONS FOR LOCAL COMMUNITY - LARGER EVENTS INCLUDE PILLARS SERIES (2000+ ADULTS AND STUDENTS IN ATTENDANCE) SCHOLARSHIPS, ETC (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	60,945
29 INTERNATIONAL SERVICE- PROGRAMS INCLUDE EXCHANGE STUDENTS, GROUP STUDY EXCHANGE AND PAYMENTS TO ROTARY INTERNATIONAL FOR WORLD COMMUNITY SERVICE AND OTHER GRANTS (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	28,122
30 CLUB SERVICE- CLUB SERVICE BUILDS FELLOWSHIP AND GOODWILL BETWEEN MEMBERS AND ROTARY AT LARGE INCLUDED ARE DINNERS AUCTIONS, DISTRICT CONFERENCE AND OTHERS (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	41,209
VOCATIONAL SERVICE- SCHOLARSHIPS FOR LOCAL YOUTH TO ATTEND THE ANNUAL RYLA (ROTARY YOUTH LEADERSHIP ACADEMTY) COSTS WERE FOR 5-6 STUDENTS TO ATTAND THE CONFERENCE (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		1,353

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
JAMIE LETTERMAN PO BOX 34418 JUNEAU,AK 99803	PAST PRESIDENT 10 00	0	0	0
COLLEEN SULLIVAN PO BOX 34418 JUNEAU,AK 99803	PRESIDENT 10 00	0	0	0
CHRIS LETTERMAN PO BOX 34418 JUNEAU,AK 99803	PRESIDENT ELECT 10 00	0	0	0
SHARON BURNS PO BOX 34418 JUNEAU,AK 99803	SECRETARY 10 00	0	0	0
DANTE REYES PO BOX 34418 JUNEAU,AK 99803	TREASURER 10 00	0	0	0
ERIC FORST PO BOX 34418 JUNEAU,AK 99803	CLUB ADMINSTRATOR 10 00	0	0	0
CHARLIE WILLIAMS pO BOX 34418 JUNEAU,AK 99803	CLUB SERVICE 10 00	0	0	0
CHRIS LETTERMAN PO BOX 34418 JUNEAU,AK 99803	ROTARY FOUNDATION 10 00	0	0	0

TY 2009 Other Expenses Schedule**Name:** ROTARY INTERNATIONAL

JUNEAU GLACIER VALLEY ROTARY CLUB

EIN: 23-7332939

Description	Amount
OFFICE EXPENSES	2,059
CONFERENCES, CONVENTIONS AND MEETINGS	11,240
PILLARS OF AMERICA	51,345
MEMBERSHIP EVENTS	27,850
ROTARY FOUNDATION	15,792
YOUTH AND INTERNATIONAL EXCHANGE	4,863
BANK CHARGES	3,540
DONATIONS	5,952
MEMBER/GUEST AWARDS	1,148
ORIENTATION	20
CLUB SUPPORT	1,376
SUNSHINE	492
FIRESIDE	200
ROTARY PARK	1,828
LICENSES AND PERMITS	174

TY 2009 Other Liabilities Schedule

Name: ROTARY INTERNATIONAL

JUNEAU GLACIER VALLEY ROTARY CLUB

EIN: 23-7332939

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS PAYABLE	5,138	1,276
DEFERRED REVENUE	3,500	0

**TY 2009 Transfers Personal Benefits
Contracts Declaration**

Name: ROTARY INTERNATIONAL
JUNEAU GLACIER VALLEY ROTARY CLUB

EIN: 23-7332939

Declaration: The organization did not, during the year, receive any funds, directly,or indirectly, to pay premiums on a personal benefit contract.The organization, did not, during the year, pay any premiums, directly,or indirectly, on a personal benefit contract.