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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 <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization ROTARY INTERNATIONAL THE ATCHISON ROTARY CLUB		D Employer identification number 48-6117769
		Number and street (or P O box, if mail is not delivered to street address) 800 RAVEN HILL DRIVE	Room/suite	E Telephone number (913) 367-2269
		City or town, state or country, and ZIP + 4 ATCHISON, KS 66002		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 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) H	
I Website: WWW.ATCHISONROTARY.ORG		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) <input type="checkbox"/> (insert no.) 4947(a)(1) or <input type="checkbox"/> 527			
K Check <input type="checkbox"/> 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 H \$ 46,981			

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	1,570
	2	Program service revenue including government fees and contracts							2	
	3	Membership dues and assessments							3	13,491
	4	Investment income							4	678
	5a	Gross amount from sale of assets other than inventory					5a		5c	
	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 							6c	1,257
	a	Gross revenue (not including \$ _ of contributions reported on line 1)					6a	3,983		
	b	Less direct expenses other than fundraising expenses					6b	2,726		
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)					6c				
Expenses	7a	Gross sales of inventory, less returns and allowances					7a		7c	
	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	27,259
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 							9	44,255
	10	Grants and similar amounts paid (attach schedule)							10	2,500
	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	
Net Assets	15	Printing, publications, postage, and shipping							15	
	16	Other expenses (describe  _____)					16	41,355		
	17	Total expenses. Add lines 10 through 16 					17	43,855		
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)							18	400
	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	45,668
	20	Other changes in net assets or fund balances (attach explanation) 					20	-23,426		
	21	Net assets or fund balances at end of year Combine lines 18 through 20 					21	22,642		

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)															
	<table border="1"> <thead> <tr> <th>(A) Beginning of year</th> <th>(B) End of year</th> </tr> </thead> <tbody> <tr> <td>44,290</td> <td>20,663</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td>2,980</td> <td>3,580</td> </tr> <tr> <td>47,270</td> <td>24,243</td> </tr> <tr> <td>1,602</td> <td>1,601</td> </tr> <tr> <td>45,668</td> <td>22,642</td> </tr> </tbody> </table>	(A) Beginning of year	(B) End of year	44,290	20,663			2,980	3,580	47,270	24,243	1,602	1,601	45,668	22,642
(A) Beginning of year	(B) End of year														
44,290	20,663														
2,980	3,580														
47,270	24,243														
1,602	1,601														
45,668	22,642														
22 Cash, savings, and investments															
23 Land and buildings															
24 Other assets (describe )															
25 Total assets															
26 Total liabilities (describe )															
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) .															

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? ENCOURAGE AND FOSTER THE IDEAL OF SERVICE AS A BASIS OF WORTHY ENTERPRISE			
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 WEEKLY LUNCHEON AND SOCIAL ACTIVITIES FOR MEMBERS TO MEET AND PLAN (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		28a	26,114
29 SCHOLARSHIPS FOR LOCAL AND INTERNATIONAL STUDENTS (Grants \$ 2,500) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		29a	14,703
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	40,817

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

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	
b	Did the organization file Form 1120-POL for this year?	37b	No
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 ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
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 ▶ <u>KS</u>		
42a	The organization's books are in care of ▶ <u>LORNE ARCHER</u> Telephone no ▶ <u>(913) 367-2131</u> 800 RAVEN HILL DRIVE Located at ▶ <u>ATCHISON, KS</u> ZIP + 4 ▶ <u>66002</u>		
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 ▶ <input type="checkbox"/> 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? <i>If "Yes", Form 990 must be completed instead of Form 990-EZ.</i>	44	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? <i>If "Yes", Form 990 must be completed instead of Form 990-EZ.</i>	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		2011-01-21 Date	
Paid Preparer's Use Only	LORNE ARCHER, TREASURER Type or print name and title			
	Preparer's signature	PATSY A PORTER, CPA	Date 2011-01-24	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4			Preparer's identifying number (See instructions)
	PATSY A PORTER, CPA PA 221 N 6TH ST ATCHISON, KS 660022453			EIN Phone no (913) 367-2707
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

Additional Data

Software ID:
Software Version:
EIN: 48-6117769
Name: ROTARY INTERNATIONAL
THE ATCHISON ROTARY CLUB

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
FRANCES STRIEBY 1011 PRICE BLVD ATCHISON, KS 66002	DIRECTOR 0	0		
CARRIE SOWERS 17474 BELLEVUE DR ATCHISON, KS 66002	PAST PRESIDE 0	0		
ASHLEY KALLMAN 314 WOODLAWN ATCHISON, KS 66002	SECRETARY 0	0		
BILL MURPHY 820 N 17TH STREET ATCHISON, KS 66002	DIRECTOR 0	0		
PATSY PORTER 221 NORTH 6TH STREET ATCHISON, KS 66002	DIRECTOR 0	0		
JOHN JACOBSON 1412 NORTH 2ND STREET ATCHISON, KS 66002	PRESIDENT 0	0		
LORNE ARCHER 800 RAVEN HILL DR ATCHISON, KS 66002	TREASURER 0	0		
TIMOTHY BECKER 800 KANSAS AVE ATCHISON, KS 66002	DIRECTOR 0	0		
REED BERGER 1211 ATCHISON ATCHISON, KS 66002	DIRECTOR 0	0		
GOLDIE BROWN 3228 HIGHWAY 73 ATCHISON, KS 66002	PRESIDENT EL 0	0		

TY 2009 Compensation Explanation**Name:** ROTARY INTERNATIONAL

THE ATCHISON ROTARY CLUB

EIN: 48-6117769

Person Name	Explanation
FRANCES STRIEBY	
CARRIE SOWERS	
ASHLEY KALLMAN	
BILL MURPHY	
PATSY PORTER	
JOHN JACOBSON	
LORNE ARCHER	
TIMOTHY BECKER	
REED BERGER	
GOLDIE BROWN	

TY 2009 Other Assets Schedule

Name: ROTARY INTERNATIONAL
THE ATCHISON ROTARY CLUB
EIN: 48-6117769

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS RECEIVABLE	2,980	3,580
	2,980	3,580

TY 2009 Other Changes in Net Assets Schedule

Name: ROTARY INTERNATIONAL
 THE ATCHISON ROTARY CLUB
EIN: 48-6117769

Description	Amount
TRANSFER TO ROTARY FOUNDATION	-12,475
BEGINNING NET ASSET CORRECTION	-10,951

TY 2009 Other Expenses Schedule

Name: ROTARY INTERNATIONAL
 THE ATCHISON ROTARY CLUB
EIN: 48-6117769

Description	Amount
EXPENSES	
SUPPLIES	775
OTHER OFFICE EXPENSES	934
TRAINING	210
ANNUAL CONFERENCE	1,119
DONATIONS	10,138
DUES	1,703
EXCHANGE STUDENT	1,865
MAILINGS	14
MEALS	19,617
ROTARY YOUTH LEADERSHIP	200
SEMIANNUAL REPORT	4,780

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

THE ATCHISON ROTARY CLUB

EIN: 48-6117769

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	1,602	1,601
	1,602	1,601

TY 2009 Other Revenues Schedule

Name: ROTARY INTERNATIONAL
THE ATCHISON ROTARY CLUB
EIN: 48-6117769

Description	Amount
QUARTERLY MEALS	27,259