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<b>D Employer identification number</b>
54-2189768
<b>E Telephone number</b>
(970) 879-1787
<b>F Group Exemption Number</b>

**G** Accounting method ☒ Cash ☐ Accrual  
Other (specify) ▶

**H** Check  ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**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.

<b>L</b> 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	<b>\$</b>	56,355
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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	12,498
	2	Program service revenue including government fees and contracts . . . . .						2	
	3	Membership dues and assessments . . . . .						3	23,854
	4	Investment income . . . . .						4	17
	5a	Gross amount from sale of assets other than inventory . . . . .				5a			
	b	Less cost or other basis and sales expenses . . . . .				5b	0		
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .						5c		
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/> <input type="checkbox"/>							
	a	Gross revenue (not including \$ _ of contributions reported on line 1) <input type="checkbox"/> . . . . .				6a	19,986		
	b	Less direct expenses other than fundraising expenses . . . . .				6b	2,770		
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .				6c	17,216			
	7a	Gross sales of inventory, less returns and allowances . . . . .				7a			
b	Less cost of goods sold . . . . .				7b	0			
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .						7c		
8	Other revenue (describe <input type="checkbox"/> _____)						8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . . <input type="checkbox"/>						9	53,585	
Expenses	10	Grants and similar amounts paid (attach schedule) <input type="checkbox"/> . . . . .						10	27,512
	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	375
	14	Occupancy, rent, utilities, and maintenance . . . . .						14	
	15	Printing, publications, postage, and shipping . . . . .						15	40
	16	Other expenses (describe <input type="checkbox"/> _____)						16	19,798
	17	Total expenses. Add lines 10 through 16 . . . . . <input type="checkbox"/>						17	47,725
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .						18	5,860
	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	8,087
	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 . . . . . <input type="checkbox"/>						21	13,947

**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

<b>(A)</b> Beginning of year	<b>(B)</b> End of year	
6,921	<b>22</b>	12,201
	<b>23</b>	
1,166	<b>24</b>	1,746
8,087	<b>25</b>	13,947
	<b>26</b>	
8,087	<b>27</b>	13,947

[illegible]

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 <b>not</b> 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 <b>Form 990-T</b> 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 <b>Form 1120-POL</b> for this year? . . . . .	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> 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	0
b	Gross receipts, included on line 9, for public use of club facilities . . . . .	39b	0
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 ▶ _____		
42a	The organization's books are in care of ▶ PAMELA PALMQUIST Telephone no ▶ (970) 879-1787 PO BOX 773027 Located at ▶ STEAMBOAT SPRINGS, CO ZIP + 4 ▶ 80477		
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 <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>	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 <b>Form 1041</b> —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? 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
NONE				

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
NONE		

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		2011-01-14 Date	
Paid Preparer's Use Only	PAMELA PALMQUIST, Treasurer Type or print name and title			
	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN
	STEAMBOAT SPRINGS, CO 804773027			Phone no (970) 879-1787
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: 54-2189768  
Name: SKI TOWN USA MORNING 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.)	
<b>28</b> HUMANITARIAN RELIEF AID (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>28a</b>	600
<b>29</b> SUICIDE PREVENTION SUPPORT (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>29a</b>	1,250
<b>30</b> SUPPORT OF OTHER ROTARY CLUB, ROTARY INTERNATIONAL POLIO PREVENTION, UNITED WAY AND RELAY FOR LIFE (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>30a</b>	3,330
YOUTH SUPPORT (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>			10,192
SHELTER BOX USA -HAITI EARTHQUAKE RELIEF (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>			5,000
ROTARY FOUNDATION-WESTERN AFRICA FLOODING RECOVERY FUND (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>			2,700
PAUL HARRIS FOUNDATION-FOR THE SUPPORT OF HUMANITARIAN AND EDUCATIONAL PROMOTION (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>			4,440

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  
SKI TOWN USA MORNING ROTARY CLUB

Employer identification number  
54-2189768

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

e

☐ Solicitation of non-government grants

b

☐ Internet and e-mail solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations

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.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts . . . .	19,986		19,986
	2	Less Charitable contributions . . . .			
	3	Gross income (line 1 minus line 2) . . . .	19,986		19,986
Direct Expenses	4	Cash prizes . . . .			
	5	Non-cash prizes . . . .			
	6	Rent/facility costs . . . .			
	7	Food and beverages . . . .			
	8	Entertainment . . . .			
	9	Other direct expenses . . . .	2,770		2,770
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			2,770
	11	Net income summary Combine lines 3, column d, and line 10. . . . . ▶			17,216

Part III Gaming.

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

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

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



		<b>Yes</b>	<b>No</b>
<b>13</b>	Indicate the percentage of gaming activity operated in		
<b>a</b>	The organization's facility . . . . . <b>13a</b>		
<b>b</b>	An outside facility . . . . . <b>13b</b>		
<b>14</b>	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► _____			
Address ► _____			
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	<b>15a</b>	
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
<b>c</b>	If "Yes," enter name and address		
Name ► _____			
Address ► _____			
<b>16</b>	Gaming manager information		
Name ► _____			
Gaming manager compensation ► \$ _____			
Description of services provided ► _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b>	Mandatory distributions		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .	<b>17a</b>	
<b>b</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 ► \$ _____		

**TY 2009 Grants and Similar Amounts Paid Schedule****Name:** SKI TOWN USA MORNING ROTARY CLUB**EIN:** 54-2189768**Software ID:** 09000047**Software Version:** 2009v1.7

<b>Item No.</b>	1
<b>Class of Activity</b>	
<b>Donee's Name</b>	RELAY FOR LIFE
<b>Donee's Address</b>	PO BOX 22718 OKLAHOMA CITY, OK 73123
<b>Amount (FMV)</b>	310
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

Item No.	2
Class of Activity	
Donee's Name	PAUL HARRIS FOUNDATION
Donee's Address	1560 SHERMAN AVENUE EVANSTON, IL 60201
Amount (FMV)	4,440
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	
Donee's Name	SOROCCO MIDDLE SCHOOL-YAMPA VALLEY SCIEN
Donee's Address	PO BOX 158 OAK CREEK, CO 80467
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	4
Class of Activity	
Donee's Name	UNITED WAY
Donee's Address	PO BOX 774005 STEAMBOAT SPRINGS, CO 80477
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	5
Class of Activity	
Donee's Name	SUICIDE PREVENTION
Donee's Address	PO BOX 774706 STEAMBOAT SPRINGS, CO 80487
Amount (FMV)	1,250
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	6
Class of Activity	
Donee's Name	STEAMBOAT SPRINGS BOOSTER CLUB
Donee's Address	45 MAPLE STREET STEAMBOAT SPRINGS, CO 80487
Amount (FMV)	873
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	7
Class of Activity	
Donee's Name	THE SAMOAN TSUNAMI RELIEF FUND
Donee's Address	2025 E STREET NW WASHINGTON, DC 20006
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	



Item No.	8
Class of Activity	
Donee's Name	ROUTT COUNTY JR LIVESTOCK- 4H CLUB
Donee's Address	PO BOX 773598 STEAMBOAT SPRINGS, CO 80477
Amount (FMV)	1,800
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	9
Class of Activity	
Donee's Name	ROTARY ROSE PARADE FLOAT
Donee's Address	PO BOX 92502 PASADENA, CA 91109
Amount (FMV)	100
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	10
Class of Activity	
Donee's Name	POLIO PLUS ROTARY FOUNDATION
Donee's Address	1560 SHERMAN AVENUE EVANSTON, IL 60201
Amount (FMV)	1,920
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	11
Class of Activity	
Donee's Name	MACEDONIAN MISSION FOR HUMANITY
Donee's Address	PO BOX 882241 STEAMBOAT SPRINGS, CO 80488
Amount (FMV)	100
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	12
Class of Activity	
Donee's Name	PARTNERS IN ROUTT COUNTY
Donee's Address	1370 BOB ADAMS DRIVE STEAMBOAT SPRINGS, CO 80487
Amount (FMV)	3,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	13
Class of Activity	
Donee's Name	SHELTER BOX USA
Donee's Address	8374 MARKET STREET 203 LAKEWOOD RANCH, FL 34202
Amount (FMV)	5,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	14
Class of Activity	
Donee's Name	STEAMBOAT SPRINGS HIGH SCHOOL EXCHANGE S
Donee's Address	PO BOX 771336 STEAMBOAT SPRINGS, CO 80477
Amount (FMV)	1,886
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	15
Class of Activity	
Donee's Name	CRAIG ROTARY CLUB
Donee's Address	PO BOX 1400 CRAIG, CO 81626
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	



Item No.	16
Class of Activity	
Donee's Name	COSTA RICA SCHOOL
Donee's Address	C/O PO BOX 880121 STEAMBOAT SPRINGS, CO 80488
Amount (FMV)	798
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	17
Class of Activity	
Donee's Name	BOY SCOUTS
Donee's Address	PO BOX 880996 STEAMBOAT SPRINGS, CO 80487
Amount (FMV)	20
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	18
Class of Activity	
Donee's Name	STEAMBOAT SPRINGS ROTARY-AQUA PRIETA
Donee's Address	PO BOX 771336 STEAMBOAT SPRINGS, CO 80477
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	19
Class of Activity	
Donee's Name	STEAMBOAT SPRINGS HIGH SCHOOL-AFTER PROM
Donee's Address	45 MAPLE STREET STEAMBOAT SPRINGS, CO 80487
Amount (FMV)	815
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	20
Class of Activity	
Donee's Name	ROTARY FOUNDATION
Donee's Address	1560 SHERMAN AVE EVANSTON, IL 60201
Amount (FMV)	2,700
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

**TY 2009 Other Assets Schedule****Name:** SKI TOWN USA MORNING ROTARY CLUB**EIN:** 54-2189768**Software ID:** 09000047**Software Version:** 2009v1.7

Description	Beginning of Year Amount	End of Year Amount
Member Receivables	1,166	476
Furniture and Fixtures		1,270

**TY 2009 Other Expenses Schedule****Name:** SKI TOWN USA MORNING ROTARY CLUB**EIN:** 54-2189768**Software ID:** 09000047**Software Version:** 2009v1.7

Description	Amount
ROTARY INTERNATIONAL DUES	2,161
ROTARY DISTRICT DUES	1,312
PETS CONFERENCE	258
MEMBER PARTIES	1,572
MEMBER MEETING MEALS	12,668
MEMBER DUES OFFSET	787
DISTRICT CONFERENCE	563
Depreciation	64
BANK FEES	1
BADGES AND ENGRAVINGS	402
ANNUAL STATE REPORT	10