

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

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) 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

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Beneficial Position Property Service Servic	7	A F	or th	e 2009 calendar year, or tax year beginning $JUL~1,~2009$ and ending JU	N 3	0.	2010
Section 301(c)(2) organizations and 4947(k)(1) organizations and 4947(k)	l	B Ch	neck if	C Name of organization			
Segretary Secretary Sec		<u> </u>		SS USS IRS DOMARY TAMPERNAMIONAL.		-	
Companies Comp	•	〒	Name	Interior OXFORD ROTARY CLIIB	5	R _ 2	083280
Secretic Conv. state or country, and 2/P + 4 Secretic Conv. state Conv. state or country, and 2/P + 4 Secretic Conv. state or country, and 2/P + 4 Secretic Conv. state or country, and 2/P + 4 Secretic Conv. state or country, and 2/P + 4 Secretic Conv. state or country, and 2/P + 4 Secretic Conv. state or country, and 2/P + 4 Secretic Conv. state or country, and 2/P + 4 Secretic Conv. state or country, and 2/P + 4 Secretic Conv. state or country, and 2/P + 4 Secretic Conv. sta		干	Initial	type Number and street (or P.O. box, if mail is not delivered to street address) I Boom/suite			
Symptops City or town, state or country, and 2iP+4 Seroup Exemption Number O573		一	Term	in- Specific D O BOY 2501		-	
Section 501(x)3 operations and 4947(a)(1) nearempt charitable trusts must attach a completed Section 501(x)3 operations and 4947(a)(1) nearempt charitable trusts must attach a completed Section 501(x)3 operations and 4947(a)(1) nearempt charitable trusts must attach a completed Canada		늗	Amer	nded tions City or town, state or country, and 7IP + 4			
* Section 50 ((c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed of the Accounting method:		늗	-101011	· • • • • • • • • • • • • • • • • • • •	•	•	•
Website: Notaryox Stadule A (from 900 or 990-EZ). Other (specify)	-	_					
Website: TOLAXYOXFORD.COM Taxexempt status (check only one) X 501(c) (4) (insert no.) 4947(a)(1) or 527 required to attach Schedule Biper 396,3912(a) size 277 required to attach Schedule Biper 396,3912(a) supporting organization and its gross receipts is School Or of more. Net 900 retailed 196 required to attach Schedule Biper 396,3912(a) supporting organization and its gross receipts is School Or of more. Net 900 reduced 196 r			- 000	0.1.4.1.4(5	_		A COLUMN
Tax-exempt status (check only one)	-	ı W	/aheii		· · · · · · · ·		the ergonization in set
C Check							=
Ladd lines 5, 6b, and 7b, to line 9th determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ	1						
Add lines 5b, 8b, and 7b, be line 9th determine gross receipts; if \$500,000 or more, file From 990-EZ		. 0	IICUN Į			IIaII Ф	25,000. A FUITH 990-EZ UI
Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1	7	Δ,	dd lin		turn.	<u> •</u>	92615
1 Contributions, giffs, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 3 80843.	ŕ				uctions		
2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5 Gross amount from sale of assets other than inventory b Less: cost or other basis other sex and sales expenses 6 Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ 5c 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ 5c 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ 5c 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ 5c 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ 5c 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ 5c 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ 5c 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ 5c 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ 5c 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ 5c 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ 5c 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ 5c 6 Special events and activities (subtract line 6 from line 6a) 7 a Gross sales of mentory, less returns and activities (subtract line 6 from line 6a) 7 a Gross sales of mentory, less returns and activities (line 17 to from line 7a) 8 Other evenue (describe	L	Га		the state of the s	uctions		
## A BOS 43 - 4 Investment income ## A BOS 44 - 7. ## A BOS 43 - 4 Investment income ## B Gross amount from sale of assets other than inventory ## B Less: cost or other basis and sales expenses ## C Special events and activutes (complete applicable parts of Schedule G). If any amount is from gaming, check here ## B Special events and activutes (complete applicable parts of Schedule G). If any amount is from gaming, check here ## B Special events and activutes (complete applicable parts of Schedule G). If any amount is from gaming, check here ## B Special events and activutes (complete applicable parts of Schedule G). If any amount is from gaming, check here ## B Special events and activutes (Subtract line 6b from line 6a) ## B Less: direct expenses other than fundraising expenses ## B Less: cost of goods sold ## B Composition of Composition of Composition and activities (Subtract line 6b from line 6a) ## B Cottain and Similar amounts paid (attain and activities (Subtract line 6b from line 6a) ## B Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8						_	
A Investment income Sa Gross amount from sale of assets other than inventory Sa Sb Sb Sc Sc Sc Sc Sc Sc							00043
Sa Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶□ a Gross revenue (not including \$\frac{5}{4}\$ of contributions reported on line 1) b Less: direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe ▶□ 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 9 2615. 10 Grants and similar amounts paul (attaph schedule)				·			
b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Special events and activutes (Complete applicable parts of Schedule (s). If any amount is from gaming, check here ▶ a Gross revenue (not including \$			Ė		-	4	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Special events and activities (complete applicable parts of Schedule ©). If any amount is from gaming, check here ▶ □ a Gross revenue (of int including S of contributions reported on line 1) b Less: direct expenses other than fundraising expenses c Not income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe ▶ 9 9 92615. 10 Grants and similar amounts paid (attach-schedule). 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments (## denging of the pay							
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) b Less: direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe ▶ 9 9 92615. 10 Grants and similar amounts paid (attach-schedules LECEIVED 11 Benefits paid to or for members 12 2 1 Professional fees and other payments be usefits 13 Professional fees and other payments be usefits 14 Occupancy, rent, utilities, and maintenfine 15 Printing, publications, postage, and shipping OGDEN, UT See Statement 1 1 1 8 66064. 10 Grants and similar amounts paid (attach-schedules LECEIVED 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			_	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		.	
b Less: direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe ► 9 Total revenue, Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 10 Grants and similar amounts paid (attaph-schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 14 Occupancy, rent, utilities, and mainterpaide 15 Printing, publications, postage, and shipping 16 Other expenses (describe ► 17 Total expenses. Add lines 10 through 16 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 Net assets or fund balances at end of year. (Combine lines 18 through 20 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. (Combine lines 18 through 20 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) 28 Total assets 29 Total assets 30 Cash, savings, and investments 31 Ecos or (deficit) for the year 32 Cash, savings, and investments 32 Cash, savings, and investments 33 Cash, savings, and investments 34 Other assets of tund balances (line 27 of column (B) must agree with line 21) 35 Cash, savings, and investments 36 Cash, savings, and investments 37 Cash, savings, and investments 38 Cash, savings, and investments 39 Cash, savings, and investments 30 Cash, savings, and investments 30 Cash, savings, and investments 31 Cash, savings, and investments 32 Cash, savings, and investments 33 Cash, savings, and investments 34 Other assets of tund balances (line 27 of column (B) must agree with line 21) 30 Cash, savings, and investments 31 Cash, savings		ا م			. —ŀ	OC .	
b Less: direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe ► 9 Total revenue, Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 10 Grants and similar amounts paid (attaph-schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 14 Occupancy, rent, utilities, and mainterpaide 15 Printing, publications, postage, and shipping 16 Other expenses (describe ► 17 Total expenses. Add lines 10 through 16 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 Net assets or fund balances at end of year. (Combine lines 18 through 20 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. (Combine lines 18 through 20 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) 28 Total assets 29 Total assets 30 Cash, savings, and investments 31 Ecos or (deficit) for the year 32 Cash, savings, and investments 32 Cash, savings, and investments 33 Cash, savings, and investments 34 Other assets of tund balances (line 27 of column (B) must agree with line 21) 35 Cash, savings, and investments 36 Cash, savings, and investments 37 Cash, savings, and investments 38 Cash, savings, and investments 39 Cash, savings, and investments 30 Cash, savings, and investments 30 Cash, savings, and investments 31 Cash, savings, and investments 32 Cash, savings, and investments 33 Cash, savings, and investments 34 Other assets of tund balances (line 27 of column (B) must agree with line 21) 30 Cash, savings, and investments 31 Cash, savings		Ĕ					
b Less: direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe ► 9 Total revenue, Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 10 Grants and similar amounts paid (attaph-schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 14 Occupancy, rent, utilities, and mainterpaide 15 Printing, publications, postage, and shipping 16 Other expenses (describe ► 17 Total expenses. Add lines 10 through 16 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 Net assets or fund balances at end of year. (Combine lines 18 through 20 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. (Combine lines 18 through 20 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) 28 Total assets 29 Total assets 30 Cash, savings, and investments 31 Ecos or (deficit) for the year 32 Cash, savings, and investments 32 Cash, savings, and investments 33 Cash, savings, and investments 34 Other assets of tund balances (line 27 of column (B) must agree with line 21) 35 Cash, savings, and investments 36 Cash, savings, and investments 37 Cash, savings, and investments 38 Cash, savings, and investments 39 Cash, savings, and investments 30 Cash, savings, and investments 30 Cash, savings, and investments 31 Cash, savings, and investments 32 Cash, savings, and investments 33 Cash, savings, and investments 34 Other assets of tund balances (line 27 of column (B) must agree with line 21) 30 Cash, savings, and investments 31 Cash, savings		ě	a				
C Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe ▶ 9 92615. 10 Grants and similar amounts paid (attach schedule) CEIVED 11 Benefits paid to or for members 12 Salaries, other compensation, and embloyee benefits 13 Professional fees and other payments compensation, and embloyee benefits 15 Printing, publications, postage, and stipping 16 Other expenses (describe ▶ OGDEN, UT See Statement 1) 16 86064. 7 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 7f from line 9) 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 Net assets or fund balances at end of year. Combine lines 18 through 20 20 Other changes in net assets or fund balances at end of year. Combine lines 18 through 20 21 Cash, savings, and investments 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) 28 Total assets 29 Total assets 20 Cash, savings, and investments 20 Cash, savings, and investments 21 Cash of the year (Subtract line 7b from line 21) 28 Total assets 29 Total assets 20 Cash, savings, and investments 20 Cash, savings, and investments 20 Cash, savings, and investments 21 Cash of the reported on prior year's return) 22 Cash, savings, and investments 23 Land and buildings 24 Other assets of tund balances (line 27 of column (B) must agree with line 21) 25 Total assets 26 Total liabilities (describe ▶) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 28 Total control balances (line 27 of column (B) must agree with line 21)	•	"					
7a Gross sales of inventory, less returns and allowances 7a 7b						٥.	
b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe ▶ 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶ 9 9 92615. 10 Grants and similar amounts paid (attach schedule): 11 Benefitis paid to or for members 12 Salaries, other compensation, and embloyee benefits 13 Professional fees and other payments depending of the compensation of the payments of the payments depending of the payments of th					-	00	
Company Com			-				
8 Other revenue (describe			_			7.	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 10 Grants and similar amounts paid (attach-schedule CEIVED 11 Benefits paid to or for members 12 Salaries, other compensation, and embloyee benefits 13 Professional fees and other payments be derigned or for intractors 10 Cocupancy, rent, utilities, and maintenance 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and stipping 16 Other expenses (describe OGDEN, UT See Statement 1) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Excess or (deficit) for the year (Subtract line 17 from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 Net assets or fund balances at end of year. Combine lines 18 through 20 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe) 25 Total liabilities (describe) 26 Total liabilities (describe) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 28 Total liabilities (describe) 30 Other assets or fund balances (line 27 of column (B) must agree with line 21) 31 Occupancy, rent, utilities (describe) 32 Cash, savings, and investments 32 Cash, savings, and investments 34 Other assets (fund balances (line 27 of column (B) must agree with line 21) 35 Occupancy, rent, utilities, and embloyee benefits 36 Occupancy, rent, utilities, and embloyee benefits 36 Occupancy, rent, utilities, and embloyee benefits 38 Occupancy, rent, utilities, and embloyee benefits 39 Occupancy, rent, utilities, and embloyee benefits 30 Occupancy, rent, utilities, and embloyee benefits 31 Occupancy, rent, utilities,					⊦		
10 Grants and similar amounts paid (attach-schedule CEIVED 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 12 13 14 Occupancy, rent, utilities, and maintendine 14 15 Printing, publications, postage, and stipping 16 0ther expenses (describe OGDEN, UT See Statement 1 16 86064. 17 Total expenses. Add lines 10 through 16 17 86430. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 6185. 18 6185. 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 16695. 20 21 22880. 22880. 24 Other assets (describe See the instructions for Part II.) (A) Beginning of year (B) End of y		1			' ├	_	92615
12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments 14 15 13 14 15 16 16 16 16 16 16 16	-	+		Grants and similar amounts naid (attaches host-late		_	32013.
12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments 14 15 13 14 15 16 16 16 16 16 16 16				Renefits and to or for members TRECEIVED	ŀ		
15		,		Salaries other compensation, and employee henefits	ŀ		
15		ise 1		Professional fees and other navments include mondary contractors 10			
15		De l		Occupancy rent utilities and maintenance	ŀ		·
16 Other expenses (describe	ı	ן עַ	45	Printing, publications, postage and shipping	ŀ		366.
17 Total expenses. Add lines 10 through 16 17 86430. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 6185. 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 16695. 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 22880. 22 Cash, savings, and investments (A) Beginning of year (B) End of year 22 Cash, savings, and investments 16695. 22 22880. 23 Land and buildings 23 24 Other assets (describe) 24 25 Total assets 16695. 25 22880. 26 Total liabilities (describe) 0. 26 0. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 16695. 27 22880.				Other expenses (describe OGDEN UT See Statement	1 \ \		
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 6185.					— · ト		
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 16695.	-						
Part 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.)	€	ets		· · · · · · · · · · · · · · · · · · ·	ŀ		0100
Part 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.)	2	188			- 1	19	16695.
Part 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.)	ලක'	1	20		ŀ	_	
Part 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.)		ž		·		_	22880
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) 28 16695. 22 22880. 16695. 25 22880. 16695. 27 22880.	آد ک	Pa			rm 990		22000.
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) 28 16695. 22 22880. 16695. 25 22880. 16695. 27 22880.	可			<u> </u>		Ť	(B) End of year
23 Land and buildings 23		22	Cas			22	
2. Not 2000 of this definition (17) interesting (27) inte						-	22000.
2. Not 2000 of this definition (17) interesting (27) inte	Z					-	
2. Not 2000 of this definition (17) interesting (27) inte	Z				695	-	22880
2. Not 2000 of this definition (17) interesting (27) inte	3						
2. Not 2000 of this definition (17) interesting (27) inte	Š					_1 = - 1	
	-		/ - 10	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.		1	Form 990-EZ (2009)

ROTARY INTERNATIONAL Form 990-EZ (2009) OXFORD ROTARY CLUB 58-2083280 Page 2 Part III Statement of Program Service Accomplishments (See the instructions for Part III.) **Expenses** What is the organization's primary exempt purpose? (Required for section 501(c)(3) and 501(c)(4) organizations and Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe section 4947(a)(1) trusts, optional the services provided, the number of persons benefited, and other relevant information for each program title. for others) 28 Support Rotary International programs funded by Rotary Foundation 11750.) If this amount includes foreign grants, check here (Grants \$ 28a 29 Sponsor Choices program at local middle schools by providing program on goal setting and decision making) If this amount includes foreign grants, check here (Grants \$ 29a 1356. 30 Marker for public park pavilion funded by club in prior (Grants \$) If this amount includes foreign grants, check here 1203. 30a 31 Other program services (attach schedule)) If this amount includes foreign grants, check here 31a 32 Total program service expenses (add lines 28a through 31a) ▶ 32 2559 Part IV | List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV) (d) Contributions (c) Compensation (b) Title and average hours (e) Expense to employee (a) Name and address per week devoted to (If not paid, enter benefit plans & account and position other allowances -0-.) deferred compensation Rob Neely, 308 Wellington Court, President Oxford, MS 38655 0. 1.00 0. 0. Pope Mallette, 210 Country Club Vice President Road, Oxford, MS 38655 1.00 0. 0 0. Gerald Walton Secretary 106 Ole Miss Drive, Oxford, MS 38655 1.00 0. 0. 0. Eddie Aune, 829 North Lamar Suite 3, Treasurer Oxford, MS 38655 1.00 0. 0 . 0. George Rosentreter Director 309 Dogwood Drive, Oxford, MS 38655 0. 0.00 0. 0. Phil Bailey Director P. O. Box 1414, Oxford, MS 38655 0.00 0. 0. 0. John Abernathy Director 101 Orrwood Drive, Oxford, MS 38655 0.00 0. 0. 0.

Part·V Other Information (Note the statement requirements in the instructions for Part V.)

OXFORD ROTARY CLUB

30 but the organization engage in any activity not previously reported to the IRS? If IYEs, attach a detailed description of each activity of Were any changes made to the organization grounders IVEs, attach a confirmed copy of the changes is the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-1, attach a statement explaining why the organization do not report the income on Form 990-1. Attach a statement explaining why the organization of not report the income on Form 990-1. Attach a statement explaining why the organization do not report the income on Form 990-1. Attach a statement explaining why the organization of not report the income on Form 990-1. Attach a statement explaining why the organization do not report the income on Form 990-1. Attach a statement explaining why the organization do not report the income on Form 990-1. Attach a statement explaining why the organization do not report the income on Form 990-1. Attach a statement explaining why the organization do not report the income on Form 990-1. Attach a statement explaining why the organization do not report the income on Form 990-1. Attach a statement explaining why the organization do not report the income on Form 990-1. Attach a statement of political expenditures, directly of the organization of the organization of the political expenditures. 38				Yes	No
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but net reported on Form 990-T, attach is atatement explaining why the organization of increase 3.6a, and 7a (among others), but net reported on Form 990-T, attach is atatement explaining why the organization of increase 3.6a, and 7a (among others), but net reported on Form 990-T, attach is atatement explaining why the organization of increase 3.6a, and 7a (among others), but net reported on Form 990-T, attach is atatement explaining why the organization of increase 3.6a, and 7a (among others), but net reported on Form 990-T. 1 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? 2 Did the organization business of the state of the page of the complete applicable parts of Sch. N 3 Enter amount of political expenditures, direct or indirect, as described in the instructions. 2 Did the organization borrow from or, 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 overed by this return? 3 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 overed by this return? 3 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 overed by this return? 3 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 over the such as a section \$100 (Cl(2)) and \$10	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
reported on Form 990-T, attach a statement explaning why the organization dut 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? b If "Yes," has it filed a tax return on Form 990-T for this year? Did the organization undergo a bijunulation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete applicable parts of Sch. N 38	34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		Х
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? 5 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes,* 50 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes,* 50 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes,* 50 Did the organization the Form 1120-POL for this year? 51 Did the organization to for filtral percent from the year? 52 Did the organization berrow 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? 52 Did the organization berrow 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? 53 Did the organization berrow 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? 54 Did the organization berrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year, and the still any and the section 501(E(Z)) and 501(E(Z)	35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
and proxy tax requirements? b If Yes, has it filed a tax return on Form 990-T for this year? 75 b If Yes, has the filed a tax return on Form 990-T for this year? 76 b If the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, and a specification parts of Sch. N 77 a Inter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37 a 0 . 77 b Id the organization the Form 1120-POL for this year? 88 a X 88 a X 89 b If Yes, complete Schedule L, Part II and enter the total amount involved 89 a Section 50 (Ic(X) organizations. Enter: a Instation fees and capital contributions included on line 9 80 Gross receipts, included on line 9, for public use of club facilities 80 section 50 (Ic(X) and 50 Ic(X) organizations. Enter amount of tax with a section 4911 ▶ N/A is section 4912 ₱ N/A is section 4912		reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.	l		
b If Yes, has it filled a tax return on Form 990-T for this year? 70 bid the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete spliciale pairs of Sch. N 71 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0. 72 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0. 73 b Id the organization be form 1120-PDL for this year? 74 a Both en any profession of the period covered by this return? 85 b If Yes, complete Schedule I, Part II and netter the total amount involved 75 b If Yes, complete Schedule I, Part II and netter the total amount involved 76 b Gross receipts, included on line 9, for public use of club facilities 77 b If Yes, complete Schedule I, Part II and netter the total amount involved 78 b Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization during the year or is it aware that it engaged in an excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction of the organizations benefit transaction during the year or is it aware that it engaged in an excess benefit transaction managers or disqualiting person in a prior year, and that the transaction during the year or is it aware that it engaged in an excess benefit transaction managers or disqualiting person and sprior year, and that the transaction during the year or is it aware that it engaged in an excess benefit transaction managers or disqualiting person in a prior year, and that the transaction during the year unders exclined spring the year year, and that the transaction during the year unders exclined spring the year year, and that the transaction during the year or is taware that it engaged in an excess benefit transaction during the year year. 78 Section 501(c)(3) and 501(c)(4) organiz	8	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,			
38 but the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N 38		and proxy tax requirements?	35a		X
as a complete applicable parts of Sch. N 7a	b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	Α
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. D id the organization like Form 1120-PCI for this year: an a prior year and still outstanding at the end of the period covered by this return? b If Yes,* complete Schedule L, Part II and enter the total amount involved 38b II Yes, complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations. Enter: a Installion fees and capital contributions included on line 9 B Gross receipts, included on line 9, for public use of club facilities 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 4914 ► N/A ; section 4912 ► N/A ; section 4912 ► N/A ; section 4914 ► N/A ; section 4912 ► N/A ; section 4912 ► N/A ; section 4914 ► N/A ; section 4912 ► N/A ; section 4914 ► N/A ; section 4912 ► N/A ; section 49	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
b Did the organization file Form 1120-POL for this year? 38 a 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? b If Yes,* complete Schedule L, Part II and enter the total amount involved 38 Section 501(e)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities b Gross receipts, included on line 9, for public use of club facilities c Section 501(e)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► N/A ; section 4912 ► N/A ; section 4915 ► N/A b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any 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 than snot been reported on any of the organizations is prior Forms 990 or 990-E27 II **Yes,* complete Shedule L, Part I ** 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 . descended by the organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes,* complete Form 8866. T ** 1 List the states with which a copy of this return is filed. ▶ None 2 The organizations books are in care of ▶ E Edwin Aune		complete applicable parts of Sch. N	36		X
38 a 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? 38 b If Yes, complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations. Enter: a Indiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40 a 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 sheriest transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations by the part of 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 C Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization of 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 2	37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
In a prior year and still outstanding at the end of the period covered by this return? Initiation fees and capital contributions included on line 9 Section 501(c)/(2) organizations. Enter:	b	Did the organization file Form 1120-POL for this year?	37Ь		X
b If Yes, complete Schedule L, Part II and enter the total amount involved 38 Section 501(c)(7) organizations. Enter: a Initiation less and capital contributions included on line 9 b Gross recepts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 \(\bigcite{\text{N}} \) // A ; section 4915 \(\bigcite{\text{N}} \) N/A ; section 4916 \(\bigcite{\text{N}} \) A so that the transaction during the year or is it aware that it engaged in an excess benefit transaction 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction 4916 \(\bigcite{\text{N}} \) N/A (and the transaction 4916) \(\bigcite{\text{N}} \) A so that the transaction of transaction 4916 \(\bigcite{\text{N}} \) A so that the transaction 4916 \(\bigcite{\text{N}} \) N/A (and the transaction 4916) \(\bigcite{\text{N}} \) N/A (and the transaction 4916) \(\bigcite{\text{N}} \) A so that the transaction 4917 (and the text year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete form 8886-1. 1 List the states with which a copy of this return is filed. \(\bigcite{\text{N}} \) NONE 1 Lest the states with think and copy of this return is filed. \(\bigcite{\text{N}} \) NONE 1 A transaction? If Yes, complete f	38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
39 Section 501(c)(7) organizations. Enter: a Indiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 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) 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 that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 lif Yes,* complete Schedule L, Part I 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 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. At any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If Yes,* complete Form 8886-T 1 List the states with which a copy of this return is filed. ▶ None 21 Telephone no. ▶ 662-281-8900 Located at ▶ 829 North Lamar Blyd, Suite 3, Oxford, MS 21P+4 ▶ 38655 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; ▶ 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.? If Yes,* enter the name of the foreign country; ▶ Section 4947(a)(1) nonexempt charitable trusts filing form 990-EZ in lieu of		in a prior year and still outstanding at the end of the period covered by this return?	38a		X
a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 NA ; 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 4955 N/A c Section 501(c)(3) and 501(c)(4) organization's prior Forms 990 or 990-E22 If Yes; complete Schedule L, Part I dob Section 501(c)(3) and 501(c)(4) organization's prior Forms 990 or 990-E22 If Yes; complete Schedule L, Part I dob Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction. If Yes; complete Form 8866-T List the states with which a copy of this return is filed. None Telephone no. 662 - 281 - 89 00 Located at 829 North Lamar Blvd, Suite 3, Oxford, MS At any time during the calendar year, did the organization have an interest in or a signature or other financial account; over a financial account in a 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.? 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.? 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 any donor advised funds? If Yes, Form 990 must be completed instead of Form 990-EZ	b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
b Gross receipts, included on line 9, for public use of club facilities 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 4955 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 organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax mopsed 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 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	39	Section 501(c)(7) organizations. Enter:	1		
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 enage 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 organizations prior Forms 990 or 990-E72 If "Yes," complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations prior Forms 990 or 990-E72 If "Yes," complete Schedule L, Part I d0b 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 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 X 41 List the states with which a copy of this return is filed. ▶ NOTIE 42a The organization is books are in care of ▶ E Edwin Aune Located at ▶ 829 North Lamar Blvd, Suite 3, Oxford, MS 2IP + 4 ▶ 38655 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: ▶ 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 orffice outside of the U.S.? 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 44 Did the organization maintain any donor advised funds? If "Yes," For	a	Initiation fees and capital contributions included on line 9			
section 4911 N/A ; section 4912 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 4956 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 with as not been reported on any of the organization's prior Forms 990 or 990-E27 if Yes, complete Schedule L, Part I 400 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 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 1 List the states with which a copy of this return is filled. NOTIC 1 Notice 1 Section 501(c)(3) and 501(c)(4) organization a party to a prohibited tax shelter transaction? If Yes,* complete Form 8886-T 2 Telephone no. 662-281-8900 2 ZiP+4 38655 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: Notice 1 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax shelter transaction within the meaning of section 490 and 501(c)(3) and 501(c)(4) organizations. Enter amount of tax and 501(c)(4) organizations. Enter amount of tax and 501(c)(4) organization and file transaction within the meaning of section 512(b)(13)? If Yes,* Form 990 must be completed instead of Form 990-EZ 42c X 43c X 44d X 45 Sa any related organization a controlled entity of the	b	Gross receipts, included on line 9, for public use of club facilities 39b N/A	1		
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 C Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the 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 List the states with which a copy of this return is filed. ► None 10	40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
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 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the 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 Telephone no. \$\bigsim 662-281-8900\$ ZiP+4 \$\bigsim 3865-5\$ 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 in a foreign country: \$\bigsim \bigsim \bigsi		section 4911 \blacktriangleright N/A ; section 4912 \blacktriangleright N/A ; section 4955 \blacktriangleright N/A			
has not been reported on any of the organization's prior Forms 990 or 990-E2? If Yes, "complete Schedule L, Part I 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 List the states with which a copy of this return is filed. None 1 Telephone no. 662-281-8900 Located at 829 North Lamar Blvd, Suite 3, Oxford, MS 2IP+4 38655 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 in a foreign country (such as a bank account, securities account, or other financial accounts. 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: 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.? If Yes, enter the name of the foreign country: 420 X Yes No 420 X Yes No 441 Did the organization maintain any donor advised funds? If Yes, Form 990 must be completed instead of Form 990-EZ 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	b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
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 1. List the states with which a copy of this return is filed. ▶ None 1. Located at ▶ 829 North Lamar Blvd, Suite 3, Oxford, MS D 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 in a 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.? 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.? If "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filling 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 ▶ 143 N/A Yes No Yes No Substitution 1. Accounts 1. Accounts 1. Accounts 2. Accounts 3. Accounts 3. Accounts 3. Accounts 3. Accounts 3. Accounts 4. Ac		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	[
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 List the states with which a copy of this return is filed. None 1 List the states with which a copy of this return is filed. None 1 Located at 829 North Lamar Blvd, Suite 3, Oxford, MS 2 IP + 4 38655 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 in a 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.? 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.? 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.? If "Yes," enter the name of the foreign country: 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: A target in the promote in the pr		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
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	C	(·		
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 40		or disqualified persons during the year under sections 4912, 4955, and 4958			
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 List the states with which a copy of this return is filed. None 1	d				
transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed. None 1		organization • O .			
List the states with which a copy of this return is filed. ► None 10	е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	İ		
42a The organization's books are in care of ►E Edwin Aune Located at ►829 North Lamar Blvd, Suite 3, Oxford, MS 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. 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: ► 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 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 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 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		transaction? If "Yes," complete Form 8886-T	40e		Х
Located at \$829 North Lamar Blvd, Suite 3, Oxford, MS IP+4 \$38655 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 in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial accounts. 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. If "Yes," enter the name of the foreign country: 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 If "Yes," enter the name of the foreign country: Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 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 At 5 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					
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. 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: 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 Yes No 144 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 15 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 15 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	42 a				
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. 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: 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 Yes No 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 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			865	5	
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. 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: 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 Yes No 1 Yes No 2 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	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 Bank and Financial Accounts. 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: 3 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 3 Yes No 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 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				Yes	
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.? If "Yes," enter the name of the foreign country: 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 Yes No 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 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		,	42b		<u> </u>
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: ▶ 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 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 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					
If "Yes," enter the name of the foreign country: 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 Yes No 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 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			l		
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 Yes No 1	C		42c		<u> </u>
and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 1				_	
Yes No 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	43		/ .		Ш
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		and enter the amount of tax-exempt interest received or accrued during the tax year	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 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				Yes	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 X	44		l		
completed instead of Form 990-EZ 45 X			44_		X
	45	· · · · · · · · · · · · · · · · · · ·			. .
				لــــا	

Form 990-EZ (2009)

OXFORD ROTARY CLUB

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 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public 46 Yesi No office? If "Yes," complete Schedule C, Part I 46 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a b If "Yes," was the related organization a section 527 organization? 49b 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." (d) Contributions (b) Title and average hours (c) Compensation (e) Expense to employee (a) Name and address of each employee paid more per week devoted to account and benefit plans & than \$100,000 position deferred other allowances N/A compensation 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." N/A (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000 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 Eduin re of officer Sian Here EDWIN AUNE, TREASURER Type or print name and title Paid Date Preparer's signature Check if self-Preparer's identifying number (See instr.) Preparer's employed _ Use Only EIN > Firm's name (or yours ıf self-employed), Phone >

address, and ZIP + 4

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	
International and distri Supplies Club meetings Membership information a Travel Program Services	11030. 805. 57262. 300. 142. 16525.		
Total to Form 990-EZ, li	ne 16	86064.	

FORM 990-EZ	Information Regarding Transfers Associated with Personal Benefit Contracts	Statement	2
directly o	ganization, during the year, receive any funds, r indirectly, to pay premiums on a personal ntract?	[] Yes [X] 1	No
	ganization, during the year, pay premiums, r indirectly, on a personal benefit contract? .	. [] Yes [X] 1	No

3

990-EZ Pg 2

Statement

Provide humanitarian service, encourage high ethical standards in all vocations, and help build goodwill and peace in the world.