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SCANNED NOV 3 @ 2010

990-EZ

Department of the Treasury

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)

2009

OMB No. 1545-1150

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

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service A For the 2009 calendar year, or tax year beginning , 2009, and ending July 1 June 30 B Check if applicable C Name of organization D Employer identification number ıse IRS Address change **Conway Rotary Club** 71-6066022 label or Name change Number and street (or P.O box, if mail is not delivered to street address) Room/suite E Telephone number orant or Initial return (501)7641154 Terminated Specific City or town, state or country, and ZIP + 4 Amended return F Group Exemption nstruc-Conway, Ar 72032 Application pending Number ▶ 0573 • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting Method: ☐ Cash ☑ Accrual a completed Schedule A (Form 990 or 990-EZ). Other (specify) ▶ H Check ► ☑ if the organization is not I Website: ▶ www.conwayrotaryclub.org required to attach Schedule B (Form 990, J Tax-exempt status (check only one) — ☐ 501(c) (4) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 990-EZ, or 990-PF) 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 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 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Contributions, gifts, grants, and similar amounts received 12,399 2 Program service revenue including government fees and contracts Membership dues and assessments . . . 3 3 48,101 Investment income 4 4 221 5a Gross amount from sale of assets other than inventory 5a 0 Less: cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 0 5c Revenue Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ □ Gross revenue (not including \$ of contributions 13,822 6a 3,854 Less: direct expenses other than fundraising expenses 6b Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c 9,968 Gross sales of inventory, less returns and allowances 7a 0 0 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C 7c 0 8 Other revenue (describe ► 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 70,689 9 10 Grants and similar amounts paid (attach schedule) 10 0 11 0 11 Salaries, other compensation, and employee benefits . . . 12 12 0 Expenses 13 Professional fees and other payments to independent contractors . 13 0 14 480 14 15 Printing, publications, postage, and shipping. 15 852 Other expenses (describe SEE SCHEDULE

Tetal expenses, Add lines 10 through 16 82,431 16 17 83,763 18 Excess or (defloit) for the year (Subtract line 17 from line 9) (13,074)18 et Assets E2-660 Nethassets or tund balances at beginning of year (from line 27, column (A)) (must agree with 19 37,367 Other changes in riet assets or fund balances (attach explanation) . . 20 (13,074)Net assets or fund balances at end of year. Combine lines 18 through 20 24,293 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 37,367 22 11,584 23 Land and buildings 0 23 24 Other assets (describe ► CERTIFICATE OF DEPOSIT 0 24 14,216 25 37,367 25 25.800 26 Total liabilities (describe ▶ PAYABLE TO ROTARY FOUNDATION 0 26 1,507 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 37,367 27 24,293

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

Form **990-EZ** (2009)

Cat. No 106421

OHIL	330-LZ (2003)					raye =	
Par	t III Statement of Program Service Accom	plishments (See the instr	uctions for Part III	l.)		Expenses	
	· · · · · · · · · · · · · · · · · · ·	To promote World Peace and Service to Mankind.			(Required for section		
Describe, what was achieved in carrying out the organization's exempt purposes. In a clear and concise				501(c)(3) and 501(c)(4) organizations and section			
nanner, describe the services provided, the number of persons benefited, and other relevant information for					(a)(1) trusts, optional		
each	program title.				for ot	hers.)	
28	Support Rotary Foundation - Activities including Wo	rld Peace, Ambassadoral Sc	holarships,				
	Group Study Exchanges, Polio Eradication and Gran	ts for Health, Quality of Life	and				
	other worthy causes						
	(Grants \$) If this amount	includes foreign grants, ch	eck here	▶ □	28a	21,058	
29	Provide Scholarships to three local Colleges: University						
	Baptist College, all in Conway, Arkansas.				Ì		
	Dupinst Concept, an in Conway, Artanaus.						
	(Cranta &				200-	9,250	
		includes foreign grants, ch	eck nere	. ▶ ⊔	29a	5,230	
30	Conway Alliance for the Arts						
					1		
					1		
	· · · · · · · · · · · · · · · · · · ·	includes foreign grants, ch			30a	606	
31	Other program services (attach schedule)						
	(Grants \$ RotaryYouthLeadershi) If this amount				31a	675	
	Total program service expenses (add lines 28a t				32	31,589	
Par	t IV List of Officers, Directors, Trustees, and Key	Employees. List each one e	ven if not compensa	ted. (See the	instru	ctions for Part IV.)	
_	(a) Name and address	(b) Title and average hours per week	(c) Compensation	(d) Contribution employee benefit		(e) Expense account and	
	(a) Name and address	devoted to position	(If not paid, enter -0)	deferred compe		other allowances	
Sha	on Stone	B -14 - 444					
3180	Dave Ward Dr., Conway, Ar 72032	President 4 Hours	0		0	0	
Johi	Glerke						
1640	Highpoint Drive, Conway, Ar 72034	1st Vice Pres 3 Hours	o		0	0	
_	t Carroll	2nd Vice Pres 2 Hours	·				
	ummerfield, Conway, Ar 72033		٥		0	0	
	ell McClanahan					<u> </u>	
		Treasurer 4 Hours					
	Bay Hill Dr, Conway, Ar 72034		0		0	0	
	Shofner	Secretary 4 Hours				_	
	College Ave, Conway, Ar 72034		0		0	0	
	e Gardner	Director 2 Hours	i				
	Windcrest Dr, Conway, Ar 72032		0		0	0	
	cy Harris	Director 2 Hours					
3 Es	sex Dr, Conway, Ar 72034		0		0	0	
Jim	Murphy	Director 2 Hours					
<u> </u>	Box 1904, Conway, Ar 72034	———	0		0	0	
Jim	Capps	Disaster 2 Heurs					
360	Pippenpost Dr, Conway, Ar 72034	Director 2 Hours	0		0	0	
Tom	Ludford	D:					
306	Country Club Rd, Conway, Ar 72032	Director 2 Hours	o		0	o	
Mich	elle Phillips						
306	Salem Rd, Conway, Ar 72034	Director 2 Hours	o		0	o	
						_	
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				<u></u>			
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Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		1
34.	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	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		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		1
þ	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:	1	\	•
a	Initiation fees and capital contributions included on line 9	İ	İ	İ
	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 ▶			
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			1
_	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	<u> </u>	
С	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			
е	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		1
41	List the states with which a copy of this return is filed. ▶ None			
42a	The organization's books are in care of ▶ Lowell McClanahan Telephone no. ▶ (501)7	64115	4
	Located at ► 4705 Bay Hill Drive, Conway, Ar 72034 ZIP + 4 ►	72034		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			Lar
	over a financial account in a foreign country (such as a bank account, secunties account, or other financial account)?		Yes	No
	•	42b		V
	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.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		1
-	If "Yes," enter the name of the foreign country: ▶		1	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	
	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	44		1
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		1
	F-1-		\ <u>-</u>	(0000)

CITC	501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 are	section 4947(a)(1) none 47(a)(1) nonexempt char nd 51.	itable trusts mu	st answer questio	ii sectioi ns 46–4	า 9b
46	Did the organization engage in direct or indirect	t political campaign activit	ies on behalf of o	or in opposition to	Ye	s No
	candidates for public office? If "Yes," complete	Schedule C, Part I			46	√
47	Did the organization engage in lobbying activitie	s? If "Yes," complete Sche	edule C, Part II		47	√
48	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 ex	xempt non-charitable relate	ed organization?		49a	1
b	If "Yes," was the related organization a section 5	527 organization?			49b	_ ✓
	Complete this table for the organization's five hi					
	employees) who each received more than \$100,					
	(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) Exp accoun other allo	it and
None		-				
		-				
		-		-		
f	Total number of other employees paid over \$10	0.000	0		L	
	(a) Name and address of each independent contractor	r paid more than \$100,000	(b) T	ype of service	(c) Compe	nsation
None						
					<u>-</u>	
	Total number of other independent contractors	each receiving over \$100,0	►			
	Under penalties of perjury, I declare that I have examin and belief, it is true, correct, and complete Declaration	ned this return, including accompain of preparer (other than officer) is	nying schedules and s based on all information	tatements, and to the bes	at of my kno any knowled	wledge dge
Sign Here	Lowell P. Mr. C	loral	<u></u>	11/3/10		
	Signature of officer Lowell P. McClanahan, Treasurer of Conway Rotary Club (2009 -10) Type or print name and title					
Paid Prepare	Preparer's signature	Date	Check if self- employed ▶	Preparer's identifying nur	nber (See inst	ructions)
Use On	Firm's name (or			N ►		
May th	e IRS discuss this return with the preparer show	n above? See instructions			Yes [No
					rm 990-E	Z (2009)

PART I LINE 6

ROTARY PANCAKE BREAKFAST DURING "TOAD SUCK DAZE" CELEBRATION PLUS OTHER FUNDRAISERS TO SUPPORT POLIO PLUS, ROTARY FOUNDATION & LOCAL CHARITY EARNINGS ALSO USED TO FUND SCHOLARSHIPS TO LOCAL COLLEGES AND UNIVERSITIES 2009-10

LINE 16 - OTHER EXPENSES MEALS EXPENSE AWARDS BONDING INSURANCE CHAMBER OF COMMERCE	35,966 754 100 100	
CONTRIBUTIONS ROTARY FOUNDATION SCHOLARSHIPS TO CONWAY COLLEGES POLIO PLUS CONWAY ALLIANCE FOR THE ARTS	18,558 * 9,250 2,500 606	21,058 9,250 *
TOTAL CONTRIBUTIONS PART III Lines 28, 29, & 30 ROTARY INTERNATIONAL DUES DISTRICT DUES SUPPLIES PROMOTION DISTRICT CONFERENCE & Training WEB SITE GSE TEAM	30,914 5,986 2,550 1,409 2,339 625 579 435	30,914
PART III LINE 31. OTHER PROGRAM SERVICES		
ROTARY YOUTH LEADERSHIP ASSEMBLY OTHER TOTAL LINE 31 - OTHER PROGRAM SERVICES	675 <u>0</u> 675	
TOTAL LINE 16	82,431	