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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection**A** For the 2009 calendar year, or tax year beginning 7/01, 2009, and ending 6/30, 2010**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Rotary International - Durango High Noon
P.O. Box 3058
Durango, CO 81302

D Employer identification number

74-2108639

E Telephone number

970-259-3307

F Group Exemption Number

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ▶**I** Website: ▶ www.durangohighnoonrotary.com**J** Tax-exempt status (check only one) — ☒ 501(c) (4) (insert no.) ☐ 4947(a)(1) or ☐ 527**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.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ▶ \$ 109,994.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

1	Contributions, gifts, grants, and similar amounts received	1	2,500.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	73,253.
4	Investment income	4	216.
5a	Gross amount from sale of assets other than inventory.	5a	
5b	Less: cost or other basis and sales expenses	5b	
5c	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"/>		
6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	29,251.
6b	Less: direct expenses other than fundraising expenses	6b	5,967.
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	23,284.
7a	Gross sales of inventory, less returns and allowances	7a	
7b	Less: cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe ▶ <u>See Statement 1</u>)	8	4,774.
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	104,027.
10	Grants and similar amounts paid (attach schedule) <u>See Statement 2</u>	10	26,640.
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	1,050.
14	Occupancy, rent, utilities, and maintenance	14	600.
15	Printing, publications, postage, and shipping	15	800.
16	Other expenses (describe ▶ <u>See Statement 3</u>)	16	64,206.
17	Total expenses. Add lines 10 through 16	17	93,296.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	10,731.
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	27,688.
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	38,419.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	9,357.	24,578.
23 Land and buildings		
24 Other assets (describe ▶ <u>See Statement 4</u>)	18,331.	13,841.
25 Total assets	27,688.	38,419.
26 Total liabilities (describe ▶ _____)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	27,688.	38,419.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.Form **990-EZ** (2009)

TEEA0803L 01/30/10

13

SCANNED SEP 27 2010

EXP. DATE SEP 23 2010

Expenses

(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others)

organizations and section 4947(a)(1) trusts, optional for others)

28 a	26,640.
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28 a	26,640.
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29a	26,263.
-----	---------

29a	26,263.
-----	---------

30 a	
------	--

30 a	
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31 a	
------	--

31 a	
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32	52,903.
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[illegible]

Part V Other Information (Note the statement requirements in the instrs 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		X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
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		X
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?		X
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?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
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 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 0.		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 0.		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 40e X		
41 List the states with which a copy of this return is filed None		
42a The organization's books are in care of Cathy Crum Telephone no 970-259-3307 Located at P.O. Box 3058 Durango CO ZIP + 4 81302		
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		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a 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		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> N/A and enter the amount of tax-exempt interest received or accrued during the tax year 43 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		

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
46		

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

47		
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48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If 'Yes,' was the related organization a section 527 organization?

49b		
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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.'

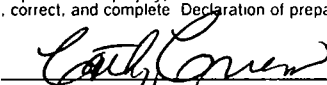
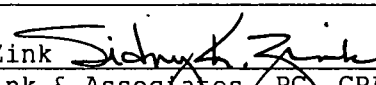
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

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

d Total number of other independent contractors each receiving over \$100,000 ▶

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		Date <u>Aug 26, 2010</u>	
	Type or print name and title <u>CATHY CRUM Treasurer</u>			
Paid Preparer's Use Only	Preparer's signature	 Sidney K. Zink	Date	8/19/10
	Firm's name (or yours if self-employed)	FredrickZink & Associates PC CPAs		
	address, and ZIP + 4	954 East 2nd Avenue #201 Durango, CO 81301-5111		
	Check if self-employed	<input type="checkbox"/> Preparer's Identifying Number (See instructions) P00158895		
	EIN	84-1073179		
	Phone no	(970) 247-0506		

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

BAA

Form 990-EZ (2009)

Department of the Treasury
Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

Rotary International - Durango High Noon

Employer identification number

74-2108639

Part I

Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17
Form 990EZ 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.

- | | |
|---|--|
| <input type="checkbox"/> Mail solicitations | <input type="checkbox"/> Solicitation of non-government grants |
| <input type="checkbox"/> Internet and email solicitations | <input type="checkbox"/> Solicitation of government grants |
| <input type="checkbox"/> Phone solicitations | <input type="checkbox"/> Special fundraising events |
| <input type="checkbox"/> In-person solicitations | |

- 2a** Did the organization have 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 services?

☐ 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

(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
		Monte Carlo Ni (event type)	Golf Tournamen (event type)	(total number)	(Add col (a) through col (c))
REVENUE	1 Gross receipts	14,662.	9,750.		24,412.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	14,662.	9,750.		24,412.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	600.			600.
	7 Food and beverages	4,373.			4,373.
	8 Entertainment	180.			180.
	9 Other direct expenses	314.	500.		814.
	10 Direct expense summary Add lines 4- through 9 in column (d)				5,967.
	11 Net income summary Combine lines 3, column (d) and line 10				18,445.

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))
		1 Gross revenue			
DIRECT EXPENSES	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					

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?

b If 'No,' explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' explain

11 Does the organization operate gaming activities with nonmembers?

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?

	YES	NO
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in

a The organization's facility

b An outside facility

13a	%
13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?

b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If 'Yes,' enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐

Director/officer

☐

Employee

☐

Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

BAA

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Schedule G (Form 990 or 990-EZ) 2009

YES **NO**

15a

17a

2009

Federal Statements

Page 1

Rotary International - Durango High Noon

74-2108639

8/12/10

02 25PM

Statement 1
Form 990-EZ, Part I, Line 8
Other Revenue

Other Meeting Income

Total	\$	4,774.
	\$	<u>4,774.</u>

Statement 2
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Donee's Name:	La Plata Youth Services	
Donee's Address:	2301 Main Ave	
	Durango, CO 81301	
Cash Amount Given:		\$ 4,500.
Donee's Name:	Boys & Girls Club	
Donee's Address:	2750 Main Avenue	
	Durango, CO 81301	
Cash Amount Given:		\$ 2,000.
Donee's Name:	Colorado State University	
Donee's Address:	1062 Campus Delivery	
	Fort Collins, CO 80523	
Cash Amount Given:		\$ 1,000.
Donee's Name:	Adaptive Sports	
Donee's Address:	PO Box 1884	
	Durango, CO 81302	
Cash Amount Given:		\$ 750.
Donee's Name:	Big Brothers Big Sisters	
Donee's Address:	PO Box 2154	
	Durango, CO 81301	
Cash Amount Given:		\$ 150.
Donee's Name:	Durango High School	
Donee's Address:	2390 Main Ave	
	Durango, CO 81301	
Cash Amount Given:		\$ 1,000.
Donee's Name:	Creighton University	
Donee's Address:	2500 California Plaza	
	Omaha, NE 68178	
Cash Amount Given:		\$ 1,000.
Donee's Name:	Durango Discovery Museum	
Donee's Address:	1113 Camino Del Rio	
	Durango, CO 81301	
Cash Amount Given:		\$ 1,500.
Donee's Name:	Community Foundation	
Donee's Address:	1309 East 3rd Avenue	
	Durango, CO 81301	
Cash Amount Given:		\$ 990.

Rotary International - Durango High Noon

74-2108639

8/12/10

02 25PM

Statement 2 (continued)
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Donee's Name:	Durango Foundation for Educational		
Donee's Address:	201 E 12th St		
	Durango, CO 81301		
Cash Amount Given:		\$	1,000.
Donee's Name:	Mesa Stae University		
Donee's Address:	1100 North Avenue		
	Grand Junction, CO 81501		
Cash Amount Given:		\$	1,500.
Donee's Name:	University of CO - Boulder		
Donee's Address:	1505 University Ave		
	Boulder, CO 80302		
Cash Amount Given:		\$	1,000.
Donee's Name:	Fort Lewis College		
Donee's Address:	1000 Rim Drive		
	Durango, CO 81301		
Cash Amount Given:		\$	3,500.
Donee's Name:	Colorado School of Mines		
Donee's Address:	1500 Illinois St.		
	Golden, CO 80401		
Cash Amount Given:		\$	1,000.
Donee's Name:	Redstone College		
Donee's Address:	10851 West 120th Avenue		
	Broomfield, CO 80021		
Cash Amount Given:		\$	1,000.
Donee's Name:	National Police Dog Foundation		
Donee's Address:	2510-G Las Posas Rd, Ste 477		
	Camarillo, CA 93010		
Cash Amount Given:		\$	1,000.
Donee's Name:	Oklahoma Panhandle State University		
Donee's Address:	PO Box 430		
	Goodwell, OK 73939		
Cash Amount Given:		\$	1,000.
Donee's Name:	Sunnyside Independent PTA		
Donee's Address:	75 County Road 218		
	Durango, CO 81301		
Cash Amount Given:		\$	500.
Donee's Name:	Southwest Mental Health		
Donee's Address:	PO Box 1328		
	Durango, CO 81301		
Cash Amount Given:		\$	250.

Rotary International - Durango High Noon

74-2108639

8/12/10

02 25PM

Statement 2 (continued)
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Donee's Name:	University of CO at ColoradoSprings		
Donee's Address:	1420 Austin Bluffs Pkwy		
	Colorado Springs, CO 80918		
Cash Amount Given:		\$	1,000.
Donee's Name:	Womens Resource Center		
Donee's Address:	679 E 2nd Ave, Unit #6		
	Durango, CO 81302		
Cash Amount Given:		\$	1,000.

Statement 3
Form 990-EZ, Part I, Line 16
Other Expenses

BOD expenses	\$	98.
Conferences, Conventions, and Meetings		33,504.
Dictionary literacy project		1,243.
Dues and Subscriptions		2,738.
Exchange Students		1,689.
Holiday/Social expense		6,169.
Insurance		450.
Interact club		1,500.
International projects		3,000.
Meals - meetings		155.
Membership dues expense		10,561.
Office Expenses		1,153.
PETS for PENS		640.
Rotaract club		750.
RYLA		350.
Service projects		206.
Total	\$	<u>64,206.</u>

Statement 4
Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Accounts Receivable	\$ 18,331.	\$ 0.
Total	<u>\$ 18,331.</u>	<u>\$ 0.</u>

Rotary International - Durango High Noon

74-2108639

8/12/10

02 25PM

Statement 5
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compensation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
Jill Wark 114 Rosetta Circle Durango, CO 81301	Director 1.00	\$ 0.	\$ 0.	\$ 0.
Ted Weirather P.O. Box 3058 Durango, CO 81301	Director 1.00	0.	0.	0.
Wayne Bedor P.O. Box 3058 Durango, CO 81301	Director 1.00	0.	0.	0.
Kathy Firestone P.O. Box 3058 Durango, CO 81301	Director 1.00	0.	0.	0.
Emily Spencer P.O. Box 3058 Durango, CO 81301	Secretary 2.00	0.	0.	0.
Peter Marshall P.O. Box 3058 Durango, CO 81301	Director 1.00	0.	0.	0.
Dan Mearthy P.O. Box 3058 Durango, CO 81301	Director 1.00	0.	0.	0.
Cathy Crum P.O. Box 3058 Durango, CO 81301	Treasurer 3.00	0.	0.	0.
Ward Holmes 434 Aspen Dr Durango, CO 81301	Director 1.00	0.	0.	0.
Barb Stine P.O. Box 3058 Durango, CO 81301	Director 1.00	0.	0.	0.
Niles Bruno P.O. Box 3058 Durango, CO 81301	Director 1.00	0.	0.	0.
Charlie Albert P.O. Box 3058 Durango, CO 81301	Director 1.00	0.	0.	0.

2009

Federal Statements

Page 5

Rotary International - Durango High Noon

74-2108639

8/12/10

02 25PM

Statement 5 (continued)
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
Mark Prouty P.O. Box 3058 Durango, CO 81301	President 1.00	\$ 0.	\$ 0.	\$ 0.
	Total	\$ 0.	\$ 0.	\$ 0.