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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 ServiceUnder 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 <u>7/01</u> , 2009, and ending <u>6/30</u> , 2010							
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; vertical-align: top;"> C Rotary Intl., Rotary Club of Lubbock Chapter 812 1603 West Loop 289 Lubbock, TX 79416 </td> <td style="width:15%; vertical-align: top;"> D Employer identification number 75-0533084 </td> </tr> <tr> <td></td> <td style="vertical-align: top;"> E Telephone number 806-785-3030 </td> </tr> <tr> <td></td> <td style="vertical-align: top;"> F Group Exemption Number </td> </tr> </table>	C Rotary Intl., Rotary Club of Lubbock Chapter 812 1603 West Loop 289 Lubbock, TX 79416	D Employer identification number 75-0533084		E Telephone number 806-785-3030		F Group Exemption Number
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	E Telephone number 806-785-3030						
	F Group Exemption Number						
G Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶							
H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)							
I Website: ▶ <u>www.lubbockrotary.org</u>							
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c) (<u>4</u>) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527							
K Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.							
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ <u>147,680.</u>							

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)		
REVENUE	1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a 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 <input type="checkbox"/> 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) 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, 5a, 6c, 7c, and 8.	1 41,255. 2 3 105,146. 4 1,279. 5c 6c 7c 8 9 147,680.
EXPENSES	10 Grants and similar amounts paid (attach schedule) See Statement 1 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe ▶ See Statement 2) 17 Total expenses. Add lines 10 through 16.	10 39,566. 11 12 30,540. 13 2,750. 14 4,300. 15 2,242. 16 77,554. 17 156,952.
NET ASSETS	18 Excess or (deficit) for the year (Subtract line 17 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) 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.	18 -9,272. 19 126,036. 20 21 116,764.

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	126,036.	116,764.	22
23 Land and buildings			23
24 Other assets (describe ▶ _____)			24
25 Total assets	126,036.	116,764.	25
26 Total liabilities (describe ▶ _____)	0.	0.	26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	126,036.	116,764.	27

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

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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.		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		X
41 List the states with which a copy of this return is filed None		

42a The organization's books are in care of Marian Wilkins Telephone no. 806-785-3030
 Located at 1603 West Loop 289 Lubbock TX ZIP + 4 79416

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)? **42b** X
 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 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.? **42c** X
 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. ☐ N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year. **43** N/A

	Yes	No
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		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		X

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.

	Yes	No
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	46	
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule 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 exempt non-charitable related organization?	49a	
b If 'Yes,' was the related organization a section 527 organization?	49b	

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 <u>Reginald Johnson</u> Date <u>1-26-11</u>		Type or print name and title. <u>Treasurer, Reginald Johnson</u>	
Paid Preparer's Use Only	Preparer's signature <u>Heut Payne</u> Date <u>1-26-11</u>	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions) <u>P00021922</u>	
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>Payne & Cribbs</u> <u>4103 84th Street</u> <u>Lubbock, TX 79423</u>		EIN <u>75-1970790</u> Phone no. <u>(806) 798-1040</u>	
	May the IRS discuss this return with the preparer shown above? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

BAA

Form 990-EZ (2009)

2009

Federal Statements

Page 1

Client 384001

Rotary Intl., Rotary Club of Lubbock
Chapter 812

75-0533084

1/14/11

03:29PM

Statement 1
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Donee's Name:	South Plains Food Bank	
Donee's Address:	4610 Locust Ave	
	Lubbock, TX 79404	
Relationship of Donee:	None	
Cash Amount Given:		\$ 30,000.
Donee's Name:	Camp RYLA	
Relationship of Donee:	None	
Cash Amount Given:		\$ 3,000.
Donee's Name:	Rotary International Polio Plus	
Donee's Address:	One Rotary Center/1560 Sherman Ave	
	Evanston, IL 60201	
Relationship of Donee:	National Affiliation	
Cash Amount Given:		\$ 3,066.
Donee's Name:	Diabetic Childrens Camp	
Relationship of Donee:	None	
Cash Amount Given:		\$ 500.
Donee's Name:	Exchange Student Sponsorship	
Relationship of Donee:	None	
Cash Amount Given:		\$ 1,000.
Donee's Name:	Various high school students	
Relationship of Donee:	Lubbock, TX	
Cash Amount Given:	None	\$ 2,000.

Statement 2
Form 990-EZ, Part I, Line 16
Other Expenses

Committee expense...	\$ 750.
Conferences, Conventions, and Meetings...	8,731.
Council on Legislation	165.
CPS Adoption Fair	4,278.
District dues.....	3,630.
District governor visit	100.
Flowers and memorials	318.
Group study exchange	364.
Insurance.....	1,323.
Meals.	41,445.
Office Expenses.....	3,407.
Pianists.....	1,075.
Rotary International dues.....	8,369.
Speaker gifts.....	1,000.
Taxes	144.
Telephone.....	1,763.
Website license.....	692.
Total	\$ 77,554.

Client 384001

Rotary Intl., Rotary Club of Lubbock
Chapter 812

75-0533084

1/14/11

03:29PM

Statement 3
Form 990-EZ, Part III, Line 31
Statement of Program Service Accomplishments

Description	Grants	Program Service Expenses
Financial assistance provided to Camp RYLA. Includes Foreign Grants: No	3,000.	3,000.
Scholarships to local high school students Includes Foreign Grants: No	2,000.	2,000.
Sponsor of Youth Exchange Student Includes Foreign Grants: No	1,000.	1,000.
Sponsor of Diabetic Childrens Camp. Includes Foreign Grants: No	500.	500.
Total	\$ 6,500.	\$ 6,500.

Statement 4
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Walter Huffman 1802 Hartford Lubbock, TX 79409	Past President 1.00	\$ 0.	\$ 0.	\$ 0.
Tim Wooten 7820 Orlando Lubbock, TX 79423	Asst Treas 1.00	0.	0.	0.
Mike Bennett 3222 103rd Street Lubbock, TX 79423	Director 1.00	0.	0.	0.

Client 384001

Rotary Intl., Rotary Club of Lubbock
Chapter 812

75-0533084

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Statement 4 (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>
Ann Graham 1802 Hartford Lubbock, TX 79409	President Elect 1.00	\$ 0.	\$ 0.	\$ 0.
Regina Johnston 3823 84th Lubbock, TX 79423	Treasurer 1.00	0.	0.	0.
Latrell Joy 1500 Broadway Ste 700 Lubbock, TX 79401	Vice President 1.00	0.	0.	0.
Bill Lane 1901 University Lubbock, TX 79414	Director 1.00	0.	0.	0.
Jack Nelson 1001 Main, Ste 601 Lubbock, TX 79401	Director 1.00	0.	0.	0.
Alice White PO Box 45005 Lubbock, TX 79409	Director 1.00	0.	0.	0.
Laura Monroe 4514 16th Lubbock, TX 79416	Director 1.00	0.	0.	0.
Charles Key PO Box 6100 Lubbock, TX 79493	Director 1.00	0.	0.	0.
Keith Larremore PO Box 271 Lubbock, TX 79408	Secretary 1.00	0.	0.	0.
Charles Joplin 1001 Main, Ste 603 Lubbock, TX 79401	Director 1.00	0.	0.	0.
Monte Monroe 4514 16th Lubbock, TX 79416	President 1.00	0.	0.	0.
Brian Yearwood Box 923 Lubbock, TX 79408	Director 1.00	0.	0.	0.
	Total	\$ 0.	\$ 0.	\$ 0.

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only. ... ☐*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns*

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization	Employer identification number
	Rotary Intl., Rotary Club of Lubbock Chapter 812	75-0533084
	Number, street, and room or suite number. If a P.O. box, see instructions.	
	1603 West Loop 289	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	Lubbock, TX 79416	

Check type of return to be filed (file a separate application for each return):

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► Marjan Wilkins

Telephone No. ► 806-785-3030 FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box. ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box. ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 11, to file the exempt organization return for the organization named above.
The extension is for the organization's return for:

- ☐ calendar year 20__ or
- ☒ tax year beginning 7/01, 20 09, and ending 6/30, 20 10.

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev. 4-2009)