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Short Form  
Return of Organization Exempt From Income TaxUnder 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

2009

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 BOZEMAN NOON ROTARY CLUB  
P.O. BOX 6133  
BOZEMAN, MT 59771

D Employer identification number

81-0113925

E Telephone number

406-587-1277

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) ▶

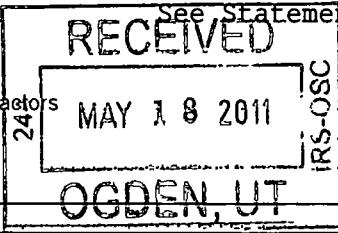
I Website: ▶ N/A

H Check ▶  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)J Tax-exempt status (check only one) —  501(c) (7) ▶ (insert no)  4947(a)(1) or  527K 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 ▶ \$ 86,225.

## 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	65,337.
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	
4 Investment income	4	162.
5a Gross amount from sale of assets other than inventory	5a	
b Less cost or other basis and sales expenses	5b	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6 Special events and activities (complete applicable parts of Schedule C) If any amount is from gaming, check here ▶ <input checked="" type="checkbox"/>		
a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	17,489.
b Less direct expenses other than fundraising expenses	6b	8,776.
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	8,713.
7a Gross sales of inventory, less returns and allowances	7a	
b Less: cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8 Other revenue (describe ▶ See Statement 1)	8	3,237.
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	77,449.
10 Grants and similar amounts paid (attach schedule)	10	33,883.
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	4,506.
14 Occupancy, rent, utilities, and maintenance	14	1,550.
15 Printing, publications, postage, and shipping	15	
16 Other expenses (describe ▶ See Statement 3)	16	56,693.
17 Total expenses. Add lines 10 through 16	17	96,632.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-19,183.
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	62,724.
20 Other changes in net assets or fund balances (attach explanation) See Statement 4	20	5,336.
21 Net assets or fund balances at end of year Combine lines 18 through 20	21	48,877.



## 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	43,980.	22 20,651.
23 Land and buildings	23	
24 Other assets (describe ▶ See Statement 5)	27,471.	24 42,189.
25 Total assets	71,451.	25 62,840.
26 Total liabilities (describe ▶ See Statement 6)	8,727.	26 13,963.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	62,724.	27 48,877.

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

Form 990-EZ (2009)

G5

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6

**Part III Statement of Program Service Accomplishments** (See the instructions.)What is the organization's primary exempt purpose? **PROVIDE HUMANITARIAN SERVICES**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

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

**28 PROVIDES BENEFIT TO THE GENERAL COMMUNITY; SERVES LESS THAN 500 AND ISSUES NO PUBLICATIONS**

(Grants \$ ) If this amount includes foreign grants, check here ►

**28a**

**29**

(Grants \$ ) If this amount includes foreign grants, check here ►

**29a**

**30**

(Grants \$ ) If this amount includes foreign grants, check here ►

**30a**

**31 Other program services (attach schedule)**

(Grants \$ ) If this amount includes foreign grants, check here ►

**31a**

**32 Total program service expenses** (add lines 28a through 31a) ► **32**

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instrs)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
JIM CASHELL PO BOX 6133 BOZEMAN, MT 59771	President 0	0.	0.	0.
KANDY ROSS PO BOX 6133 BOZEMAN, MT 59771	PRESIDENT ELECT 0	0.	0.	0.
TERRY L ALBORN PO BOX 6133 BOZEMAN, MT 59771	Treasurer 0	0.	0.	0.
KRIS NIXON PO BOX 6133 BOZEMAN, MT 59771	Secretary 0	0.	0.	0.
BILL PRICE PO BOX 6133 BOZEMAN, MT 59771	Director 0	0.	0.	0.
DEE FIELD PO BOX 6133 BOZEMAN, MT 59771	Director 0	0.	0.	0.
JACKIE VICK PO BOX 6133 BOZEMAN, MT 59771	Director 0	0.	0.	0.
SHAWN HERTZ PO BOX 6133 BOZEMAN, MT 59771	Director 0	0.	0.	0.
GREG SCHUSTER PO BOX 6133 BOZEMAN, MT 59771	Director 0	0.	0.	0.

**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	33	X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34	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?	35a	X
b If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	35b	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► <b>37a</b> 0.	37a	0.
b Did the organization file <b>Form 1120-POL</b> for this year?	37b	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?	38a	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:	39a	0.
a Initiation fees and capital contributions included on line 9	39b	0.
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 ► <b>N/A</b> , section 4912 ► <b>N/A</b> , section 4955 ► <b>N/A</b>		
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	
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	40c	0.
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	40d	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 ► <b>None</b>		
42a The organization's books are in care of ► <b>TERRY L ALBORN</b> Telephone no. ► <b>406-587-1277</b> Located at ► <b>220 W LAMME STE 3A BOZEMAN MT</b> ZIP + 4 ► <b>59771-1965</b>		
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 ►	42b	X
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ►	42c	X
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts</b> .		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► <b>43</b> ► <b>N/A</b>	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.

		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
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
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-----	-----	-----	-----	-----
-----	-----	-----	-----	-----

f Total number of other employees paid over \$100,000 ►

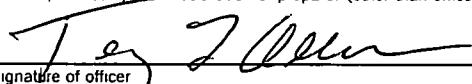
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(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 ►

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

Sign Here

►   
Signature of officer

5-16-2011  
Date

► TERRY L. ALBORN  
Type or print name and title

Treasurer

Paid Pre-parer's Use Only

Preparer's signature	► TERRY ALBORN	 Date 5-16-2011	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions) N/A
Firm's name (or yours if self-employed), address, and ZIP + 4	► Junkermier Clark Campanella Stevens P.C. 220 West Lamme, Suite 3-A Bozeman, MT 59715	EIN	► N/A	Phone no ► (406) 587-1277

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

BAA

►  Yes  No

Form 990-EZ (2009)



**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.

REVENUE		(a) Event #1 <u>MAGIC SHOW FUN</u> (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col. (a) through col. (c))
		17,489.			17,489.
1	Gross receipts	17,489.			17,489.
2	Less. Charitable contributions				
3	Gross income (line 1 minus line 2)	17,489.			17,489.
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs				
7	Food and beverages				
8	Entertainment				
9	Other direct expenses	8,776.			8,776.
10	Direct expense summary. Add lines 4- through 9 in column (d)				8,776.
11	Net income summary. Combine lines 3, column (d) and line 10				8,713.

**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.

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

9	Enter the state(s) in which the organization operates gaming activities: _____	YES	NO
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If 'No,' explain _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If 'Yes,' explain _____		
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13 Indicate the percentage of gaming activity operated in:

- a The organization's facility
- b An outside facility

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: ► \$ \_\_\_\_\_

2009

## Federal Statements

Page 1

Client 14506

BOZEMAN NOON ROTARY CLUB

81-0113925

5/16/11

02:28PM

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

VISITOR MEALS	\$	1,179.
MISCELLANEOUS		1,151.
ANNUAL INT'L DINNER		907.
	<b>Total \$</b>	<b><u>3,237.</u></b>

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

Class of Activity:	DONATIONS
Donee's Name:	QUILTS OF VALOR
Relationship of Donee:	BOZEMAN, MT 59715
Cash Amount Given:	NONE
	\$ 1,749.
Class of Activity:	DONATIONS
Donee's Name:	OTHER
Relationship of Donee:	BOZEMAN, MT 59715
Cash Amount Given:	NONE
	\$ 401.
Class of Activity:	DONATIONS
Donee's Name:	BOZEMAN SENIOR SOBER NIGHT
Relationship of Donee:	BOZEMAN, MT 59715
Cash Amount Given:	NONE
	\$ 500.
Class of Activity:	DONATIONS
Donee's Name:	BOZEMAN LIBRARY
Relationship of Donee:	BOZEMAN, MT 59715
Cash Amount Given:	NONE
	\$ 1,200.
Class of Activity:	DONATIONS
Donee's Name:	FAMILY PROMISE
Relationship of Donee:	BOZEMAN, MT 59715
Cash Amount Given:	NONE
	\$ 1,000.
Class of Activity:	DONATIONS
Donee's Name:	HABITAT FOR HUMANITY
Relationship of Donee:	BOZEMAN, MT 59715
Cash Amount Given:	NONE
	\$ 1,000.
Class of Activity:	DONATIONS
Donee's Name:	HEART OF THE VALLEY
Relationship of Donee:	BOZEMAN, MT 5971
Cash Amount Given:	NONE
	\$ 500.

2009

## Federal Statements

Page 2

Client 14506

BOZEMAN NOON ROTARY CLUB

81-0113925

5/16/11

02:28PM

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

Class of Activity:	DONATIONS
Donee's Name:	AMERICAN LEGION
Relationship of Donee:	BOZEMAN, MT 59715
Cash Amount Given:	\$ 1,000.
Relationship of Donee:	NONE
Class of Activity:	DONATIONS
Donee's Name:	JUNIOR ACHIEVEMENT
Relationship of Donee:	BOZEMAN, MT 59715
Cash Amount Given:	\$ 500.
Relationship of Donee:	NONE
Class of Activity:	DONATIONS
Donee's Name:	BOZEMAN SCHOOL FOUNDATION
Relationship of Donee:	BOZEMAN, MT 59715
Cash Amount Given:	\$ 1,000.
Relationship of Donee:	NONE
Class of Activity:	DONATIONS
Donee's Name:	PIONEER MUSEAUM
Relationship of Donee:	BOZEMAN, MT 59715
Cash Amount Given:	\$ 1,000.
Relationship of Donee:	NONE
Class of Activity:	DONATIONS
Donee's Name:	EAGLE MOUNT
Relationship of Donee:	BOZEMAN, MT 59715
Cash Amount Given:	\$ 1,000.
Relationship of Donee:	NONE
Class of Activity:	DONATIONS
Donee's Name:	LIBERTY PLACE
Relationship of Donee:	BOZEMAN, MT 59715
Cash Amount Given:	\$ 500.
Relationship of Donee:	NONE
Class of Activity:	DONATIONS
Donee's Name:	WOUNDED WARRIORS
Relationship of Donee:	BOZEMAN, MT 59715
Cash Amount Given:	\$ 1,000.
Relationship of Donee:	NONE
Class of Activity:	DONATIONS
Donee's Name:	BOZEMAN FRIENDS OF MUSIC
Relationship of Donee:	BOZEMAN, MT 59715
Cash Amount Given:	\$ 500.
Relationship of Donee:	NONE
Class of Activity:	DONATIONS
Donee's Name:	MIDDLE SCHOOLS
Relationship of Donee:	BOZEMAN, MT 59715
Cash Amount Given:	\$ 6,000.
Relationship of Donee:	NONE

2009

## Federal Statements

Page 3

Client 14506

BOZEMAN NOON ROTARY CLUB

81-0113925

5/16/11

02 28PM

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

Payments to Affiliates

Name:	ROTARY FOUNDATION		
Address:	1560 SHERMAN AVENUE		
	EVANSTON, IL 60201		
Purpose of payment:	SUPPPORT OF INT'L CLUB		
Amount:		\$	7,338.
Name:	ROTARY DISTRICT 5390		
Address:	BOZ 1611		
	HELENA, MT 59624		
Purpose of payment:	SUPPORT DISTRICT ACTIVITIES		
Amount:		\$	6,020.
Name:	BOZEMAN SUNRISE ROTARY CLUG		
Address:	5 BAXTER LANE		
	BOZEMAN, MT 59715		
Purpose of payment:	SUPPORT OF CLUB ACTIVITIES		
Amount:		\$	1,675.
Payments to Affiliates		\$	15,033.

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

BANK CHARGES		\$	611.
BOARD EXPENSES			617.
CAREER DEVELOPMENT			719.
CLUB DIRECTORY			928.
Conferences, Conventions, and Meetings			3,526.
FELLOWSHIP AND ACTIVITIES			21.
GSE TEAM			500.
INTERACTIVE CLUG			600.
INTERNATIONAL AFFAIRS			3,826.
MEAL COST			37,984.
MEMBERSHIP COMMITTEE			365.
MISCELLANEOUS			392.
Office Expenses			2,202.
PRESIDENTIAL AWARDS & GIFTS			491.
RECOGNITION & AWARDS COMMITTEE			409.
STUDENT OF THE MONTH			450.
YOUTH EXCHANGE			1,052.
YOUTH SCHOLARSHIPS			2,000.
Total	\$		56,693.

**2009****Federal Statements****Page 4****Client 14506****BOZEMAN NOON ROTARY CLUB****81-0113925**

5/16/11

02 28PM

**Statement 4**  
**Form 990-EZ, Part I, Line 20**  
**Other Changes In Net Assets Or Fund Balances****PRIOR PERIOD ADJUSTMENT**

Total	\$	5,336.
	\$	<u>5,336.</u>

**Statement 5**  
**Form 990-EZ, Part II, Line 24**  
**Other Assets****Accounts Receivable**

	<u>Beginning</u>	<u>Ending</u>
Accounts Receivable	\$ 27,471.	\$ 42,189.
Total	<u>\$ 27,471.</u>	<u>\$ 42,189.</u>

**Statement 6**  
**Form 990-EZ, Part II, Line 26**  
**Total Liabilities****Accounts Payable and Accrued Expenses**

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses	\$ 8,727.	\$ 13,963.
Total	<u>\$ 8,727.</u>	<u>\$ 13,963.</u>