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Short Form
Return of Organization Exempt From Income Tax

2009

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.

Department of the Treasury
Internal Revenue Service

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: <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	C Please use IRS label or print or type. See Specific Instructions. ROTARY INTERNATIONAL SHERIDAN S A ROTARY CLUB P.O. BOX 997 SHERIDAN, WY 82801	D Employer identification number 83-6005879
		E Telephone number
		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).

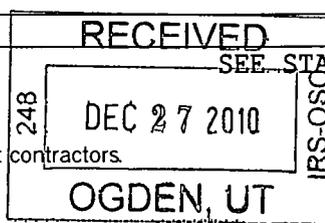
J Tax-exempt status (check only one) — 501(c) (4) (insert no) 4947(a)(1) or 527

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. **\$ 136,438.**

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	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	136,344.
4	Investment income	4	94.
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"/>	6	
6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
6b	Less direct expenses other than fundraising expenses	6b	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
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 _____)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	136,438.
10	Grants and similar amounts paid (attach schedule)	10	69,637.
11	Benefits paid to or for members	11	43,053.
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	2,244.
16	Other expenses (describe <u>SEE STATEMENT 2</u>)	16	25,276.
17	Total expenses. Add lines 10 through 16	17	140,210.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-3,772.
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	14,808.
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	11,036.



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	14,808.	11,036.
23	Land and buildings		
24	Other assets (describe _____)		
25	Total assets	14,808.	11,036.
26	Total liabilities (describe _____)	0.	0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	14,808.	11,036.

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Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses	
What is the organization's primary exempt purpose? CHARITY AND EDUCATION		(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others)	
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			
28	GRANTS ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	69,637.
29	BENEFITS PAID TO MEMBERS ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	43,053.
30	SPONSORSHIP OF EXCHANGE STUDENTS ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	9,745.
31	Other program services (attach schedule) SEE STATEMENT 3 (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	10,307.
32	Total program service expenses (add lines 28a through 31a)	32	132,742.

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
KAREN MILLER PO BOX 997 SHERIDAN, WY 82801	PRESIDENT 0	0.	0.	0.
SASHA JOHNSTON PO BOX 997 SHERIDAN, WY 82801	DIRECTOR 0	0.	0.	0.
PATRICK SCHILLING PO BOX 997 SHERIDAN, WY 82801	DIRECTOR 0	0.	0.	0.
CARMEN RIDEOUT PO BOX 997 SHERIDAN, WY 82801	PRESIDENT ELECT 0	0.	0.	0.
WILLIAM PATTON PO BOX 997 SHERIDAN, WY 82801	VICE PRESIDENT 0	0.	0.	0.
NEIL LAMONT PO BOX 997 SHERIDAN, WY 82801	SECRETARY 0	0.	0.	0.
HOLLAND DUELL PO BOX 997 SHERIDAN, WY 82801	DIRECTOR 0	0.	0.	0.
MIKE NICKEL PO BOX 997 SHERIDAN, WY 82801	DIRECTOR 0	0.	0.	0.
JAMES WEBER PO BOX 997 SHERIDAN, WY 82801	EXEC. SEC. 0	0.	0.	0.
DAVID HUBERT PO BOX 997 SHERIDAN, WY 82801	DIRECTOR 0	0.	0.	0.
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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.		
35a	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
35b	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.		
37b	b Did the organization file Form 1120-POL for this year?		X
38a	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?		X
38b	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	N/A	
39	Section 501(c)(7) organizations. Enter		
39a	a Initiation fees and capital contributions included on line 9	N/A	
39b	b Gross receipts, included on line 9, for public use of club facilities	N/A	
40a	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ <u>N/A</u> , section 4912 ▶ <u>N/A</u> , section 4955 ▶ <u>N/A</u>		
40b	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
40c	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.		
40d	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
40e	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 ▶ <u>NONE</u>		

42a The organization's books are in care of ▶ HARKER MELLINGER, CPAS, LLC Telephone no ▶ (307) 672-0785
 Located at ▶ 1470 SUGARLAND DRIVE, SUITE 1 SHERIDAN WY ZIP + 4 ▶ 82801

		Yes	No
42b	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
42c	c At any time during the calendar year, did the organization maintain an office outside of the US? 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.**

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 ▶ N/A
 ▶ **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

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		
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
49b If 'Yes,' was the related organization a section 527 organization?		

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: *William Patton* Date: 21 DEC 2010

Type or print name and title: WILLIAM PATTON PRESIDENT

Paid Preparer's Use Only

Preparer's signature: *Steven C. ...* Date: 12-21-10

Firm's name (or yours if self-employed), address, and ZIP + 4: HARKER MELLINGER, CPAS, LLC
1470 SUGARLAND DR., STE. 1
SHERIDAN, WY 82801

Check if self-employed: Preparer's Identifying Number (See instructions): N/A

EIN: N/A Phone no: 307-672-0785

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

ROTARY INTERNATIONAL
SHERIDAN S A ROTARY CLUB

83-6005879

STATEMENT 1
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

DONEE'S NAME:	SHERIDAN ROTARY FOUNDATION SHERIDAN, WY 82801		
CASH AMOUNT GIVEN:		\$	3,595.
DONEE'S NAME:	ROTARY DISTRICT SHERIDAN, WY 82801		
CASH AMOUNT GIVEN:		\$	5,330.
DONEE'S NAME:	GUNPOWDER & BUCKSKIN SHERIDAN, WY 82801		
CASH AMOUNT GIVEN:		\$	3,863.
DONEE'S NAME:	CHILDREN'S CHRISTMAS PARTY SHERIDAN, WY 82801		
CASH AMOUNT GIVEN:		\$	158.
DONEE'S NAME:	INTERNATIONAL FRIENDSHIP EXCH SHERIDAN, WY 82801		
CASH AMOUNT GIVEN:		\$	7,500.
DONEE'S NAME:	LITERACY/BOOKS SHERIDAN, WY 82801		
CASH AMOUNT GIVEN:		\$	549.
DONEE'S NAME:	VARIOUS CLUB DONATIONS SHERIDAN, WY 82801		
CASH AMOUNT GIVEN:		\$	38,078.
DONEE'S NAME:	GROUP STUDY EXCHANGE SHERIDAN, WY 82801		
CASH AMOUNT GIVEN:		\$	30.
DONEE'S NAME:	ROTARY PARK SHERIDAN, WY 82801		
CASH AMOUNT GIVEN:		\$	375.
DONEE'S NAME:	MEMBERSHIP/INFORMATION SHERIDAN, WY 82801		
CASH AMOUNT GIVEN:		\$	34.
DONEE'S NAME:	POWDER HORN GOLF SHERIDAN, WY 82801		
CASH AMOUNT GIVEN:		\$	202.
DONEE'S NAME:	BLACK TIE SHERIDAN, WY 82801		
CASH AMOUNT GIVEN:		\$	472.
DONEE'S NAME:	STUDENT OF THE MONTH SHERIDAN, WY 82801		
CASH AMOUNT GIVEN:		\$	105.

ROTARY INTERNATIONAL
SHERIDAN S A ROTARY CLUB

83-6005879

STATEMENT 1 (CONTINUED)
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

DONEE'S NAME:	CLASS PROJECT COMMITTEE SHERIDAN, WY 82801		
CASH AMOUNT GIVEN:		\$	78.
DONEE'S NAME:	POLIO PLUS CHALLENGE SHERIDAN, WY 82801		
CASH AMOUNT GIVEN:		\$	9,268.

STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

CONFERENCE		\$	1,642.
INT'L DUES			8,665.
MISCELLANEOUS			2,413.
SUPPLIES			2,811.
YOUTH EXCHANGE			9,745.
TOTAL		\$	<u>25,276.</u>

STATEMENT 3
FORM 990-EZ, PART III, LINE 31
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS	PROGRAM SERVICE EXPENSES
INTERNATIONAL DUES AND MAGAZINE		8,665.
INCLUDES FOREIGN GRANTS: NO		
DISTRICT ASSESSMENTS		1,642.
INCLUDES FOREIGN GRANTS: NO		
TOTAL	\$ 0.	\$ <u>10,307.</u>