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orm 990

Department of the Treasury
Internal Revenue Service

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)

►The organization may have to use a copy of this return to satisfy state reporting requirements

2009

Open to Publ<u>ic</u>

Inspection A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010 D Employer identification number B Check if applicable Please ROTARY CLUB OF JACKSON HOLE WYOMING USA use IRS label or Address change 83-6006168 Doina Business As E Telephone number print or type. See Name change (307) 733-5160 Specific Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite Instruc-**G** Gross receipts \$ 157,828 PO BOX 3487 Terminated tions. City or town, state or country, and ZIP + 4 Amended return JACKSON, WY 830013487 Application pending Name and address of principal officer Is this a group return for TR PIERCE affiliates? PO BOX 9617 jackson, WY 83002 H(b) Are all affiliates included? If "No," attach a list (see instructions) Tax-exempt status Group exemption number 🕨 Website: ► RCJH ORG L Year of formation 1945 M State of legal domicile Summary Briefly describe the organization's mission or most significant activities COMMUNITY SERVICE Activities & Governance Check this box 📂 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . 13 13 Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of employees (Part V, line 2a) . 50 Total number of volunteers (estimate if necessary) . 0 Total gross unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 14,570 5,695 Program service revenue (Part VIII, line 2g) . 141,047 145,445 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,269 1,194 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 7,996 11 9,365 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 155,932 172,649 13 62,420 59,666 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-Expenses 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . 0 b Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright \underline{0}$ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 96,748 17 100,946 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 163,366 156,414 Revenue less expenses Subtract line 18 from line 12 . 9,283 -482 t Assets or nd Balances **Beginning of Current End of Year** Year 20 134,033 156,319 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 23,094 45,862 Net assets or fund balances Subtract line 21 from line 20 22 110,939 110,457 Part II Signature Block 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 Sian 2010-08-05 Signature of officer Here LEE BURBANK TREASURER Type or print name and title Date Check if Preparer's identifying number Preparer's 2010-08-05 GEORGE L THOMPSON (see instructions) Paid empolyed 🕨 🦵 Preparer's Firm's name (or yours THOMPSON PALMER & ASSOCIATES PC EIN ▶ if self-employed), **Use Only** address, and ZIP + 4 PO BOX 4158

JACKSON, WY 830014158

May the IRS discuss this return with the preparer shown above? (see instructions) . . .

Phone no (307) 733-5160

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

COMMUNITY SERVICE

						Form 990 (2009)
4e	Total program service expens	es i- \$	59,66	6		
	(Expenses \$	including	grants o	f \$) (Revenue \$)
4d	Other program services (Des	scribe in Schedule	0)			
	YOUTH EXCHANGE PROGRAMROTAR	Y GROUP STUDY EXCH	IANGE (GS	E) 500 EXCHANGE STUDENT	SUPPORT 2,680	
4c	, , ,	penses \$	3,180	including grants of \$	0) (Revenue \$	0)
		ON 1,860TETON LITER	ACY PROG	RAM - CONTRIBUTION 2,171	OF JACKSON (SAVE THE ARCHES) - 0 JACKSON HOLE HISTORICAL SOCIETY DNS 650	
4b	(Code) (Ex	penses \$	35,452	including grants of \$	0) (Revenue \$	0)
	ROTARY DUESROTARY INTERNATIO	NAL - DUES 12,916ROT	ARY INTER	RNATIONAL - DISTRICT #544	0 DUES 8,118	
4a	(Code) (Ex	penses \$	21,034	including grants of \$	0) (Revenue \$	0)
4	Describe the exempt purpose Section 501(c)(3) and 501(c) allocations to others, the total	(4) organizations a	nd secti	on 4947(a)(1) trusts ar	e required to report the amount	•
	If "Yes," describe these chang	es on Schedule O				
3	Did the organization cease corservices?		ignificar • •	nt changes in how it con		Yes 🔽 No
	If "Yes," describe these new se	ervices on Schedul	e O			
2	Did the organization undertake the prior Form 990 or 990-EZ					Yes ✓ No

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νo
3	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	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		No
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11		No
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ĺ		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		N o
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο

Par	t IV Checklist of Required Schedules (continued)				
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes		
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		Νο	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?				
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d			
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Νο	
b	b Is the organization 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				
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L,				
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III </i>	27		Νo	
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)				
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part				
		28a		Νo	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		Νο	
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If</i> " <i>Yes,"</i> complete Schedule L, Part <i>IV</i>	28c		Νο	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> " <i>Yes,"</i> complete Schedule M	30		Νο	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		Νο	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νο	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes		

	Part V	Statements	Regarding	Other IRS	Filings and	l Tax	Compliance
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	outcome noger and government and compliance		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		103	110
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νο
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a		Νο
b	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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νο
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a]		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders]		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

PO BOX 4158

(307) 733-5160

JACKSON, WY 830014158

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management			
	general genera		Yes	No
_				
1a	Enter the number of voting members of the governing body 1a 13	.		
b	Enter the number of voting members that are independent 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)		Yes	N-
102	Does the organization have local chapters, branches, or affiliates?	10a	165	No No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	104		
_	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		Νo
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14		Νo
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		No
Ь	Other officers or key employees of the organization	15b		No
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request			
19				
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	ınızatıor	n 🕨
	THOMPSON PALMER & ASSOCIATES PC			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee."
- ♦ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

Check this box if the organization did no		te ally (1011	iiei o	iiic e i			
(A) Name and Title	(B) A verage hours	Posi t	tion (hat a	che		I		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Institutional Trustee Individual trustee or director		Officei	Key employee			from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
TR PIERCE PRESIDENT	10 00	Х		х				0	0	0
TODD SEETON SECRETARY	5 00	Х		Х				0	0	0
LEE BURBANK TREASURER	5 00	Х		х				0	0	0
JONI UPSHER PAST PRESIDENT	1 00	Х						0	0	0
TIM BRADLEY PRESIDENT ELECT	1 00	Х						0	0	0
JOHN WILLOT BOARD MEMBER	1 00						Х	0	0	0
BRENDAN MCDERMOTT BOARD MEMBER	1 00	Х						0	0	0
ROB WEED PAST PRESIDENT	1 00						Х	0	0	0
EDWARD KRAJSKY BOARD MEMBER							Х	0	0	0
CARRIE PENNINGTON BOARD MEMBER							Х	0	0	0
YVONNE ROBERTSON BOARD MEMBER	1 00	Х						0	0	0
TERRI MARINO BOARD MEMBER	1 00	X						0	0	0
RICK HOLLINGSWORTH BOARD MEMBER	1 00	Х						0	0	0
JEFF NOFFSINGER BOARD MEMBER	1 00	Х						0	0	0
CLARK BROOKS BOARD MEMBER	1 00	Х						0	0	0
CASE MORTON BOARD MEMBER	1 00	Х						0	0	0
JIM MCNUTT BOARD MEMBER	1 00	х						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours	Posi t	(C tion (hat a	ched)			(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estima amount o	ated fother
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			compens from t organizati relat organiza	the on and ed
1b Total				<u>. </u>			▶	0	0		0
Total number of individuals (including \$100,000 in reportable compensations)	ng but not l	lımıted t	o tho	se lı			e) wh	o received more tha	an		
2 Did the organization list any forms										Yes	No

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5	Νο

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶0

Form 99							Page 9
Part V	<u> </u>	Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
まま	1a	Federated campaigns 1a					
Contributions, gifts, grants and other similar amounts	ь	Membership dues 1b					
	С	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	5,695		į		İ
<u>`</u> ≅#	g	Noncash contributions included in					
븉귤		lines 1a-1f \$					
೮⊭	h	Total. Add lines 1a-1f	· •	5,695			
- w		Bus	ıness Code				
nue	2a	MEMBERSHIP DUES	900,099	141,047	141,047		
Program Serwce Revenue	ь						
	С						
₹	d						
ogram Se	e						
	f	All other program service revenue					
Š	g			141,047			
	3	Investment income (including dividends, into		111,017			
		and other similar amounts)		1,194			1,194
	4	Income from investment of tax-exempt bond proceed	s 🕨				
	5	Royalties	▶				
		(ı) Real (ıı)	Personal				
	6a	Gross Rents					
	Ь	Less rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)	•				
			ıı) O ther				
	7a	Gross amount from sales of					
		assets other than inventory					
	ь	Less cost or other basis and					
		sales expenses					
	c d	Sain or (loss) Net gain or (loss)	—				
	8a	Gross income from fundraising					
<u>Φ</u>		events (not including					
Other Revenue		\$9,892 of contributions reported on line 1c)					
ě		See Part IV, line 18					
45		a					
ŧ	Ь	Less direct expenses b	1,896 ▶ -	7.006	7,006		
0	c 9a	Net income or (loss) from fundraising events	•	7,996	7,996		
	94	Gross income from gaming activities See Part IV, line 19					
		а					
	ь	Less direct expenses b					
	С	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances .					
	b	Less cost of goods sold b					
	С	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue Busi	ness Code				
	11a						
	b						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d					
	12	Total revenue. See Instructions					
				155,932	149,043	0	1,194

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

Α	Section 301(c)(3) and 301(c)(4) organizations mus Il other organizations must complete column (A) but are not required to co			(D).	
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	56,486	56,486		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	3,180	3,180		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting	10,186		10,186	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
L2	Advertising and promotion				
L3	Office expenses	941		941	
L4	Information technology	956		956	
L5	Royalties				
L6	Occupancy				
L 7	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
L9	Conferences, conventions, and meetings	2,773		2,773	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	MEMBERS MEALS (INCLUDED	77,126		77,126	
ь	MEETING PROGRAMS & AWAR	2,019		2,019	
c	NEW MEMBER ORIENTATION	1,491		1,491	
d	ROTARY SUPPLIES	891		891	
е	DUES & SUBSCRIPTIONS	245		245	
f	All other expenses	120		120	
25	Total functional expenses. Add lines 1 through 24f	156,414	59,666	96,748	(
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet (A) (B) End of vear Beginning of year 82.140 112.168 1 Cash—non-interest-bearing 1 51.598 44,151 2 2 3 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Notes and loans receivable, net 8 Inventories for sale or use 295 Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment cost or other basis Complete Part 10a VI of Schedule D b Less accumulated depreciation 10b 10c 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 134,033 16 16 156,319 Total assets. Add lines 1 through 15 (must equal line 34) . . . 23.094 45.862 17 17 Accounts payable and accrued expenses 18 18 19 19 20 20 Liabilities 21 21 Escrow or custodial account liability $Complete\ Part\ IV\ of\ Schedule\ D$. . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 23,094 26 45,862 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. Unrestricted net assets 110.939 110,457 27 27 28 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here 📂 🥅 and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds Assets Paid-in or capital surplus, or land, building or equipment fund 31 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances 110,939 33 110,457 34 Total liabilities and net assets/fund balances 134.033 156,319 34

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Yes	
b	Were the organization's financial statements audited by an independent accountant?	2b		Νo
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c		No
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

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Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047

2009

DLN: 93493225008190

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

ROTARY CLUB OF JACKSON HOLE WYOMING USA

► Attach to Form 990

Employer identification number

83-6006168

Part I General Inforn	nation on Grants a	and Assistance					
Does the organization mainstrain the selection criteria usedDescribe in Part IV the organization	I to award the grants o	rassistance?					「Yes FN
Form 990, Part I	V, line 21 for any re	Governments and ecipient that received) if additional space	d more than \$5,000.	Check this box if n	o one recipient rece	eived more than \$5,0	000. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROTARY FOUNDATION OF JACKSON HOLEPO BOX 3315 JACKSON, WY 83001	830296341		15,000				FOR LOCAL HIGH SCHOOL SCHOLARSHIPS
ROTARY INTERNATIONAL - DISTRICT #5440PO BOX 505 CHEYENNE, WY 830030505	841056762		8,118				ANNUAL DUES FOR OPERATIONS
ROTARY INTERNATIONAL 14255 COLLECTIONS CENTER DRIVE CHICAGO,IL 60693	361707667		12,916				ANNUAL DUES FOR OPERATIONS
TOWN OF JACKSON - WYOMINGPO BOX 1687 JACKSON,WY 83001	836000069			14,031			ANTLERS PURCHASED TO BUILD ANTLER ARCHES IN THE TOWN SQUARE

2	Enter total number of section $501(c)(3)$ and government organizations									•	2
_											_

	· · · · ·	
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 9	90, Part IV, line 22
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b)Number of (c)A mount of recipients cash grant		(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Ident if ier	Return Reference	Explanation	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493225008190

OMB No 1545-0047

SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990

2009

Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990.

Open to Public Inspection

Name of the organization ROTARY CLUB OF JACKSON HOLE WYOMING USA Employer identification number

83-6006168

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		THE CLUB HAS A MEMBERSHIP OF APPROXIMATELY 200 MEMBERS
Form 990, Part VI, Section A, line 7a		BOARD MEMBERS ARE ELECTED TO THE BOARD OF DIRECTORS FOR TWO YEAR TERMS BY THE GENERAL BODY OF THE MEMBERSHIP
Form 990, Part VI, Section B, line 11		THE FORM 990 IS REVIEWED, DISCUSSED AND APPROVED BY THE BOARD DURING A MONTHLY BOARD MEETING
Form 990, Part VI, Section B, line 12		DURING BOARD MEETINGS CONSIDERATION IS GIVEN AS TO WHETHER ANY CONFLICTS OF INTEREST EXIST
Form 990, Part VI, Section C, line 19		ROTARY CLUB OF JACKSON HOLE MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST INTERESTED PARTIES MAY CALL LEE BURBANK AT (307) 733-5160 AND REQUEST COPIES OF THESE DOCUMENTS
FORM 990 PART XI, LINE 1	OTHER METHOD OF ACCOUNTING	ACCOUNTING METHOD IS MODIFIED ACCRUAL

Additional Data

Software ID:

Software Version:

EIN: 83-6006168

Name: ROTARY CLUB OF JACKSON HOLE WYOMING USA

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
MEMBERS MEALS (INCLUDED	77,126		77,126	
MEETING PROGRAMS & AWAR	2,019		2,019	
NEW MEMBER ORIENTATION	1,491		1,491	
ROTARY SUPPLIES	891		891	
DUES & SUBSCRIPTIONS	245		245	