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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)

OMB No. 1545-0047

2009

Open to Public
Inspection

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

A For the 2009 calendar year, or tax year beginning JULY 01, 2009, and ending JUNE 30, 2010

B Check if applicable: ☒ Address change ☒ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization SUMMIT CTY ROTARY CHARITABLE FUND		D Employer identification number
		Doing Business As		84-1215233
		Number and street (or P.O. box if mail is not delivered to street address)		E Telephone number
		PO BOX 4401		(970) 513-9196
		City or town, state or country, and ZIP + 4		G Gross receipts \$
Frisco CO 80443		478,321		
F Name and address of principal officer:		H(a) Is this a group return for affiliates? Yes ☐ No ☒		
		H(b) Are all affiliates included? Yes ☐ No ☐		
		If "No," attach a list (see instructions)		
		H(c) Group exemption number		
I Tax-exempt status: ☒ 501(c)(3) (insert no.) ☐ 4947(a)(1) or ☐ 527				
J Website: N/A				
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other		L Year of formation		M State of legal domicile

Part I Summary

1 Briefly describe the organization's mission or most significant activities:

PROVIDE FUNDS FOR COMMUNITY SERVICES

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
5	Total number of employees (Part V, line 2a)	5	
6	Total number of volunteers (estimate if necessary)	6	125
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	21,566	32,323
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-173,942	71,576
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	79,356	68,961
12	Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-73,020	172,860
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	72,907	41,746
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
16b	Total fundraising expenses (Part IX, column (D), line 25)		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3,920	4,549
18	Total expenses -- Add lines 13-17 (must equal Part IX, column (A), line 25)	76,827	46,295
19	Revenue less expenses. Subtract line 18 from line 12	-149,847	126,565
20	Total assets (Part X, line 26)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	511,148	601,329
22	Net assets or fund balances. Subtract line 21 from line 20	54,022	20,728
		457,126	580,601

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.

Sign Here

Signature of officer: *Judi LaPoint* Treasurer

Date: 11/9/10

Type or print name and title: Judi LaPoint

Paid Preparer's Use Only

Preparer's signature: <i>Joseph P. Malley</i>	Date: 10/26/10	Check if self-employed: ☐	Preparer's identifying number (see instr.): 000148086
Firm's name (or yours if self-employed): H&R BLOCK FRISCO CO	EIN: 84-1215233	Phone no: (970) 668-3261	
address, and ZIP + 4: 842 SUMMIT BLVD #11A Frisco, CO 80443			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes ☒ No ☐

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

Form 990 (2009)

Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:

PROVIDE FUNDS FOR COMMUNITY SERVICES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code) (Expenses \$ 6,708 including grants of \$) (Revenue \$)
See attachment #1**4b** (Code) (Expenses \$ 19,252 including grants of \$) (Revenue \$)**4c** (Code) (Expenses \$ 2,705 including grants of \$) (Revenue \$)**4d** Other program services. (Describe in Schedule O.)

(Expenses \$ 13,081 including grants of \$) (Revenue \$)

4e Total program service expenses ► \$ 41,746

Part IV Checklist of Required Schedules

	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.	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
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.		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.		X
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. N/A		
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.		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		X
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.		X
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.		X
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.		X
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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.		X
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	Yes	No
		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b 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.		X
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 United States? If "Yes," complete Schedule F, Part II.		X
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 United States? If "Yes," complete Schedule F, Part III.		X
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.		X
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.	X	
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.	X	
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H.		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
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 X	
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 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 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	X
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 lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? N/A	24b	
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? N/A	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? N/A	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	X
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	25b	X
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, Part II	26	X
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? If "Yes," complete Schedule L, Part III	27	X
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).		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
c 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 direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
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	X
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? If "Yes," complete Schedule R, Part I	33	X
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	X
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	X
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	X
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	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38 X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax 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	1a	5
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	3
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
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	2a	0
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? N/A 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	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O N/A	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	X
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	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
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? N/A	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	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	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	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? N/A	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	X
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	X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	X
10	Section 501(c)(7) organizations. Enter:		
a	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	10b	
11	Section 501(c)(12) organizations. Enter.		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	X
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

Part VI

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body	1a 7		
b Enter the number of voting members that are independent	1b 7		
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		X
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		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6 Does the organization have members or stockholders?	6		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
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	9a		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

		Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b N/A		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		X
11a Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
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		X
13 Does the organization have a written whistleblower policy?	13		X
14 Does the organization have a written document retention and destruction policy?	14		X
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:			
a The organization's CEO, Executive Director, or top management official?	15a		X
b Other officers or key employees of the organization?	15b		X
If "Yes" to line 15a or 15b, 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		X
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 N/A		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **NONE**

18 Section 6104 requires an organization to make its Forms 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 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **See attachment #2**

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. 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, and 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 officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		INDIVIDUAL	TRUSTEE	INSTITUTIONAL	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED	FORMER			
DICK MASICA PRESIDENT	1.00				X				0	0	0
JOSEPH O'MALLEY DIRECTOR	1.00				X				0	0	0
ROY GOODWIN SECRETARY	1.00				X				0	0	0
SHARON BUTLER ASSISTAN TREASURER	1.00				X				0	0	0
PAT SEEBOTH DIRECTOR					X				0	0	0
LEE ZIMMERMAN DIRECTOR	1.00				X				0	0	0
JUDI LAPOINT TREASURER					X				0	0	0

Part VIII 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
OTHER CONTRIBUTIONS SIMILAR AMOUNTS	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions) . . .	1e				
	f	All other contributions, gifts, grants, & similar amounts not included above . .	1f	32323			
	g	Noncash contributions included in lines 1a-1f \$					
h Total. Add lines 1a-1f				32323			
PROGRAM SERVICE REVENUE				Business Code			
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f						
OTHER REVENUE	3	Investment income (including dividends, interest, and other similar amounts)		71576			
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	b	Less: cost or other basis and sales expenses . . .					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a	331604			
	b	Less: direct expenses	b	284926			
	c	Net income or (loss) from fundraising events		46678	46678		
	9a	Gross income from gaming activities See Part IV, line 19	a	42818			
	b	Less: direct expenses	b	20535			
	c	Net income or (loss) from gaming activities		22283	22283		
	10a	Gross sales of inventory, less returns and allowances	a				
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See instructions			172860	68961		

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 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	35038	35038		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	6708	6708		
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):				
a	Management				
b	Legal				
c	Accounting	450		450	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17 ..				
f	Investment management fees				
g	Other	4099		4099	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
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.)				
a					
b					
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	46295	41746	4549	
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) Beginning of year		(B) End of year
A S S E T S	1 Cash -- non-interest bearing	6,686	1	14,777
	2 Savings and temporary cash investments	98,829	2	109,924
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	5,453	4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		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 Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	3,178	9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a		
	b Less accumulated depreciation	10b		10c
	11 Investments -- publicly traded securities	397,002	11	476,628
	12 Investments -- other securities. See Part IV, line 11		12	
	13 Investments -- program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	511,148	16	601,329	
L I A B I L I T I E S	17 Accounts payable and accrued expenses	54,022	17	20,728
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D.		25	
	26 Total liabilities. Add lines 17 through 25	54,022	26	20,728
N E T A S S E T B A L A N C E S	Organizations that follow SFAS 117, check here ☐ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ☒ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds	457,126	32	580,601
	33 Total net assets or fund balances	457,126	33	580,601
	34 Total liabilities and net assets/fund balances	511,148	34	601,329

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to lines 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.

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 ☐ Consolidated basis ☐ Both consolidated and separate basis

3a 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?

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 N/A

	Yes	No
2a	X	
2b		X
2c	X	
3a		X
3b		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	36956	23024	32531	21566	32323	146400
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3.	36956	23024	32531	21566	32323	146400
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						146400

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	36956	23024	32531	21566	32323	146400
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	29557	50878	-10671	-173942	71576	-32602
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						113798
12 Gross receipts from related activities, etc. (see instructions)					12	

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	100.00 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3 % support test -- 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ☒		
b 33 1/3 % support test -- 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
17a 10%-facts-and-circumstances test -- 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
b 10%-facts-and-circumstances test -- 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐		

Part VII Investments -- Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

Part VIII Investments -- Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)		

Part IX	Other Assets. See Form 990, Part X, line 15.
----------------	---

Part III		Other Assets: Cost, basis, FMV, and net	
(a) Description	(b) Book value	(c) FMV	(d) Net
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)			

Part X	Other Liabilities. See Form 990, Part X, line 25
---------------	---

[illegible]

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Department of the Treasury
Internal Revenue Service

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

2009

Open to Public Inspection

SUMMIT COUNTY ROTARY CHARITABLE FUND

84-1215233

Part I

Form 990-EZ filers are not required to complete this part.

- a ☐ Mail solicitations

- b ☒ Internet and email solicitations**

- c** ☐ Phone solicitations

- d ☒ In-person solicitations**

- e ☐ Solicitation of non-government grants**

- f** ☐ Solicitation of government grants

- g ☒ Special fundraising events**

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? .

☐ **Yes**☒ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

[illegible]

- 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

$$\overline{CO}$$

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	(b) Event #2	(c) Other events	(d) Total events
		BARBEQUE (event type)	ICE MELT CON (event type)	2 (total number)	(Add col. (a) through col. (c))
1	Gross receipts	303,476	18,384	9,744	331,604
2	Less: Charitable contributions				
3	Gross income (line 1 minus line 2)	303,476	18,384	9,744	331,604
DIRECT EXPENSES	4	Cash prizes	12,525	2,500	15,025
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	243,406		243,406
	8	Entertainment	7,200		7,200
	9	Other direct expenses		1,765	17,531
10	Direct expense summary. Add lines 4 through 9 in column (d)				(284,927)
11	Net income summary. Combine line 3, column (d), and line 10				46,677

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) thru col. (c))
		1	Gross revenue		
DIRECT EXPENSES	2	Cash prizes			
	3	Noncash prizes		19,503	19,503
	4	Rent/facility costs			
	5	Other direct expenses		1,032	1,032
6	Volunteer labor	☒ Yes _____% ☒ No	☒ Yes _____% ☒ No	☒ Yes _____% ☒ No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				(20,535)
8	Net gaming income summary. Combine line 1, column d, and line 7				22,283

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities <u>CO</u>		
a Is the organization licensed to operate gaming activities in each of these states?	9a X	
b If "No," explain:		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	X
b If "Yes," explain:		
11 Does the organization operate gaming activities with nonmembers?	11	X
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	X

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records.		
Name ▶ See Attachment #4			
Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	X
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?	17a	X
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 ▶ \$		

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

► **Attach to Form 990.**

Name of the organization

Employer Identification number

SUMMIT COUNTY ROTARY CHARITABLE FUND

Part I	General Information on Grants and Assistance
---------------	---

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II

part II	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to
---------	---

Form 990. Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and

Schedule 1-1 (Form 990) if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) and government organizations ... 3 Enter total number of other organizations ...							

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2009

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
COMMUNITY SUPPORT ASSISTANCE SCHOLARSHIPS TO STUDENTS		35,038 6,708			

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

OUR ORGANIZATION PROVIDES FUNDS FOR LOCAL COMMUNITY NEEDS SUCH AS COMMUNITY CARE CLINIC, ETC. OUR ORGANIZATION DISTRIBUTES SCHOLARSHIPS TO HIGH SCHOOL AND COLLEGE STUDENTS BASED ON ACADEMICS AND NEED.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

► Attach to Form 990.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

SUMMIT COUNTY ROTARY CHARITABLE FUND

Employer identification number

84-1215233

OUR ORGANIZATION MAKES ITS GOVERNING
DOCUMENTS, CONFLICT OF INTEREST POLICY,
AND FINANCIAL STATEMENTS AVAILABLE TO THE
PUBLIC UPON WRITTEN REQUEST.

PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 1: Form 990 Page 2, Part III

Open to Public Inspection	For calendar year 2009, or tax period beginning 07-01-2009, and ending 06-30-2010.
Name of Organization SUMMIT COUNTY ROTARY CHARITABLE FUND	Employer Identification Number 84-1215233
Part III - Statement of Program Service Accomplishments	
Code	Expenses. 6,708 including Grants of: Revenue
Exempt Purpose Achievements	
VOCATIONAL SERVICE: PROFESSIONAL/VOCATIONAL AWARDS, SCHOLARSHIPS, STUDENT EXCELLENCE AWARDS, LEADERSHIP SUMMIT.	

PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 1: Form 990 Page 2, Part III

Open to Public Inspection	For calendar year 2009, or tax period beginning 07-01-2009, and ending 06-30-2010.
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Name of Organization SUMMIT COUNTY ROTARY CHARITABLE FUND	Employer Identification Number 84-1215233
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Part III - Statement of Program Service Accomplishments

Code.	Expenses: 19,252	including Grants of:	Revenue
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Exempt Purpose Achievements

INTERNATIONAL SERVICE: FOREIGN EXCHANGE STUDENTS, GROUP STUDY EXCHANGE, SKI WEEKEND FOR EXCHANGE STUDENTS, HONDURAN WATER PROJECT, HAITI PROJECT, ROTARY COMMUNITY DINNER.

PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 1: Form 990 Page 2, Part III

Open to Public Inspection	For calendar year 2009, or tax period beginning 07-01-2009, and ending 06-30-2010.		
Name of Organization SUMMIT COUNTY ROTARY CHARITABLE FUND		Employer Identification Number 84-1215233	
Part III - Statement of Program Service Accomplishments			
Code	Expenses	2,705	including Grants of: Revenue:
Exempt Purpose Achievements			
TROOP SUPPORT: CARE PACKAGES TO TROOPS IN IRAQ AND AFGHANISTAN.			

PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 1: Form 990 Page 2, Part III

Open to Public Inspection	For calendar year 2009, or tax period beginning 07-01-2009, and ending 06-30-2010.
Name of Organization SUMMIT COUNTY ROTARY CHARITABLE FUND	Employer Identification Number 84-1215233
Part III - Statement of Program Service Accomplishments	
Code:	Expenses: 5,650 including Grants of Revenue:
Exempt Purpose Achievements	
CLUB SERVICE: PHILANTHROPIC PROJECTS	

PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 1: Form 990 Page 2, Part III

Open to Public Inspection	For calendar year 2009, or tax period beginning	07-01-2009, and ending	06-30-2010.
Name of Organization SUMMIT COUNTY ROTARY CHARITABLE FUND			Employer Identification Number 84-1215233
Part III - Statement of Program Service Accomplishments			
Code:	Expenses:	7,431	including Grants of Revenue
Exempt Purpose Achievements			
COMMUNITY SERVICE: HEALTH FAIR, COMMUNITY CARE CLINIC, LITERACY PROGRAMS, THANKSGIVING COMMUNITY DINNER, SUMMIT CTY MOBILE COMMAND POST.			

BOOKS ARE IN CARE OF

Attachment 2: Form 990 Page 6, Part VI, Section C, Line 20

Open to Public Inspection	For calendar year 2009 or tax period beginning 07-01, and ending 06-30-2010.
Name of Organization SUMMIT COUNTY ROTARY CHARITABLE FUND	Employer Identification Number 84-1215233
Part VI - Line 91a	

Individual Name SHARON BUTLER
or
Business Name.

Street Address 1656 N CHIPMUNK LANE

U.S. Address

Zip code 80498 City SILVERTHORNE State CO

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (970) 513-9196

Fax Number

FIVE HIGHEST COMPENSATED INDEPENDENT CONTRACTORS

Attachment 3: Form 990 Page 8, Part VII

Open to Public Inspection	For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.
Name of Organization SUMMIT COUNTY ROTARY CHARITABLE FUND	Employer Identification Number 84-1215233

Part VI Five Highest Compensated Independent Contractors		
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		0

GAMING/SPECIAL EVENTS BOOKS AND RECORDS

Attachment 4: Sch G Page 3, Part III, Line 14

Open to Public Inspection	For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.
Name of Organization SUMMIT COUNTY ROTARY CHARITABLE FUND	Employer Identification Number 84-1215233
Part III - Line 14	

Individual Name SHARON BUTLER
or
Business Name

Street Address 1656 N CHIPMUNK LANE

U.S. Address:

Zip code 80498 City Silverthorne State CO
or

Foreign Address

City

Province or State

Country

Postal code

2009 DETAIL STATEMENTS

SUMMIT COUNTY ROTARY CHARITABL
84-1215233

Page 1

STATEMENT #1 - Management other (990 EO PG 10 Line 11gc)

BANK AND CREDIT CARD FEES.....	2,365
CORPORATE REGISTRATION.....	50
OFFICE SUPPLIES COPIES.....	1,327
PLAQUES.....	89
POSTAGE.....	138
RAFFLE REPORT.....	100
MEETING ROOM RENT.....	30

TOTAL CARRIED TO 990 EO PG 10 Line 11gc.....	4,099
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