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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

2009

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year
may use this form

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

Open to Public Inspection

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Section 501(c/3) organizations and 4947(s/X1) nonexempt charitable trusts **Section 501(c/3) organizations and 4947(s/X1) nonexempt charitable trusts **Website: * N/A **Tax exempt status (check only one) — [X] 501(c) (3.) ** (ment no.) ** [931(3)(1) or 327] ** H Check *** [X] (f the organization is not a section 505(c)(5) supporting organization and its gross receipts are normally not more than \$25.000 A Form 990 c2 or form		Termina		Specific	SNOWMASS VILLAGE,	CO 81615					
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\$25,000 A*Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a complete return Add lines \$6, 66, and 70, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 *\$ 148, 259. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I) Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5 a Gross amount from sale of assets other than inventory 5 b Less cost or other basis and sales expenses c and closs from alse of assets other than inventory 5 Special events and activities (complete applicable parts of Schedule 6). If any amount is from gaming, check here a Gross revenue (not including \$ of contributions reported on line 1) 5 Less direct expenses other than fundraising expenses c Net income or (fost) from special events and activities (Subtract line 5b from line 5a) 7 a Gross sales of inventory, less returns and allowances b Less cost of opposts of contributions c Net income or (fost) from special events and activities (Subtract line 5b from line 5a) 8 Other revenue (describe * See Statzee Medical * See See See See See See See See See S	1						7-77-7		·		met mare than
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22 Cash, savings, and investments 108,514. 22 113,112. 23 Land and buildings 23 24 Other assets (describe ► SEE STATEMENT 3) 96,154. 24 88,678. 25 Total assets 204,668. 25 201,790. 26 Total liabilities (describe ► SEE STATEMENT 4) 24,126. 26 11,300. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 180,542. 27 190,490.	P	art II	Dala	nce 3			\$1,250,000 or mi				
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24 Other assets (describe ► SEE STATEMENT 3) 96,154. 24 88,678. 25 Total assets 204,668. 25 201,790. 26 Total liabilities (describe ► SEE STATEMENT 4) 24,126. 26 11,300. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 180,542. 27 190,490.					11462(11161117)	•			100,3		110,116.
25 Total assets 204,668. 25 201,790. 26 Total liabilities (describe ► SEE STATEMENT 4) 24,126. 26 11,300. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 180,542. 27 190,490.					ha ► SEE STATEMENT	3 \		-	96 1		88 678
26 Total liabilities (describe ► SEE STATEMENT 4) 24,126. 26 11,300. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 180,542. 27 190,490.	_			(uescrit	DE - DEE STATEMENT	<u> </u>		\vdash			
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 180, 542. 27 190, 490.				e (der	Cribe > SEE STATEMENT	٠ ۵	• •	—			
							ne 21)				
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Form	990-EZ	Z (2009)	SNOWMASS VILLAG	SE ROTARY CLUB		84	-115	53420 Page 2
Par				rvice Accomplishments	(See the instruction	ons.)		Expenses
What i	s the orga	nızatıon's	primary exempt purpose? SE	E STATEMENT 5] (Reg	uired for section c)(3) and (4) nizations and section (a)(1) trusts, optional
Desc	ribe wh	at was a	chieved in carrying out t	ne organization's exempt purp f persons benefited, or other	oses In a clear and co	oncise manner,	orga	nizations and section
desci	ribe the ram title	services	s provided, the number o	f persons benefited, or other	relevant information for	r each	4947 for o	(a)(1) trusts, optional thers.)
			WORTHY CHARTTA	BLE ORGANIZATIONS			10.0	
20	GIVIN	12 _10	MONTHI CHARTIN	DIE OKGANIZATIONS			┪	
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	(Grants	\$ \$) <u>If ti</u>	nis amount includes foreign gi	rants, check here		28 a	2,850.
29							4	
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	(Grants	\$\$) If th	nis amount includes foreign gi	rants, check here	▶	29 a	
30								
							1	
							1	
	(Grants	\$ 5) If ti	nis amount includes foreign gi	rants, check here		30 a	
31			services (attach schedul					
•	(Grants		·	nis amount includes foreign gi	rants, check here	. ▶□	31 a	
32			service expenses (add I				32	2,850.
				, Trustees, and Key Em	plovees. List each or	ne even if not con	npens	
1.000	SUV.			(b) Title and average hours		(d) Contributions		(e) Expense account
	(a) Name	e and address	per week devoted	not paid, enter -0)	employee benefit pla	ns and	and other allowances
				to position		deferred compens		
JIM	D'AC	OSTI	<u> </u>	PRESIDENT	0.		0.	0.
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BAA				TEEA0812L 0	01/30/10			Form 990-EZ (2009)

Par	<u>t V</u>	Other Information (Note the statement requirements in the instrictor)	Part V.)	SEE STA	TEME	INT	<u>5 </u>
				Г		Yes	No
33	Did th	ne organization engage in any activity not previously reported to the IRS? If 'Yes,' attach	a detailed descri	ption of	33		v
34		activity any changes made to the organizing or governing documents? If 'Yes,' attach a conforr	ned copy of the c	hanges	34		X
	If the c	proprietation had income from husiness activities, such as those reported on lines 2, 6a, and 7a (among others), h		_			
9		a statement explaining why the organization did not report the income on Form 990-T. ne organization have unrelated business gross income of \$1,000 or more or was it subje	ct to section 6033	(e) notice			
	repor	ting, and proxy tax requirements?	et to section occo	(6) 1101100,	35 a		X
b	If 'Ye	s,' has it filed a tax return on Form 990-T for this year?	• •	-	35 b		
	year?	ne organization undergo a liquidation, dissolution, termination, or significant disposition of lift 'Yes,' complete applicable parts of Schedule N		ng the	36		х
		amount of political expenditures, direct or indirect, as described in the instructions	37 a	0.			
b	Did th	ne organization file Form 1120-POL for this year?		}	37b		X
38 a	Did thany s	ne organization borrow from, or make any loans to, any officer, director, trustee, or key out to loans made in a prior year and still outstanding at the end of the period covered by a little of the period cover	employee or were this return? I		38 a		X
b		s,' complete Schedule L, Part II and enter the total	38b	N/A			1
39		on 501(c)(7) organizations. Enter:					
			39a	N/A			
			39b	N/A			
40 a		on 501(c)(3) organizations. Enter amount of tax imposed on the organization during the on 4911 ► 0 . ; section 4912 ► 0 . , section 4955	•	0.			
				- 0.			1
b	transa	on 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 49: action during the year or is it aware that it engaged in an excess benefit transaction with	n a disqualified pe	rson in a			
	prior	year, and that the transaction has not been reported on any of the organization's prior F complete Schedule L, Part I	orms 990 or 990-	EZ? If	40 ь		Х
c		on 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization					
	mana	igers or disqualified persons during the year under sections 4912, 4955, and 4958	. •	0.			
d	Section by the	on 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed e organization.	.	0.			
е	All or	ganizations. At any time during the tax year, was the organization a party to a prohibited or transaction? If 'Yes,' complete Form 8886-T	d tax		40 e		
		e states with which a copy of this return is filed NONE	•	[406		
42 a		ganization's are in care of ► DEBORAH SMITH	Telephone no. ►		8-0	068	
	Located	d at ► PO_BOX_379 BASALT_CO	ZIP + 4 ►	81621			
		. Large divines the replander was add the assessment in the property of the contract in the co	or other outberstu.		Γ	Yes	No
0	At an financ	y time during the calendar year, did the organization have an interest in or a signature o cial account in a foreign country (such as a bank account, securities account, or other fir	nancial account)?	over a	42 b		Х
	If 'Yes	s,' enter the name of the foreign country			1		
	See the	e instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Fina	ancial Accounts	′			
c	At an	y time during the calendar year, did the organization maintain an office outside of the U		Į	42 c		_X
	If 'Yes	s,' enter the name of the foreign country:	-				
43		on 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Ch	eck here		1	- 🗌	N/A
	and e	enter the amount of tax-exempt interest received or accrued during the tax year	►[43			N/A
				_		Yes	No
44	Did th	ne organization maintain any donor advised funds? If 'Yes,' Form 990 must be complete	d instead				
	of Fo	rm 990-EZ			44		<u> </u>
45	Is any Form	y related organization a controlled entity of the organization within the meaning of section 990 must be completed instead of Form 990-EZ	on 512(b)(13)? If '	Yes,'	45		Х
RΔΔ		TEFA0812I 01/30/10		For	m 990	-EZ ((2009)

orm	990-F7	(2009)	22 AMWOIR2	ROTARY	CLUB	CHARITABLE
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84-1591342

Page 4

Part VI	Section 501(c)(3) organization 501(c)(3) organizations and se 46-49b and complete the tables	ction 4947(a)(1) no	nexempt charita	pt charitable trusts onlable trusts must answer	y. All se questio	ction ns	<u></u>
46 Did tl	he organization engage in direct or indire	ct political campaign ac	tivities on behalf o	f or in opposition to candidate	es	Yes	No
for p	ublic office? If 'Yes,' complete Schedule (C, Part I			46		<u>X</u>
	he organization engage in lobbying activi	· · · · · · · · · · · · · · · · · · ·	.,		47		<u>X</u>
	e organization a school as described in se		•		48		<u>X</u>
	ne organization make any transfers to an		related organizatio	n ⁷	49a		X
ын те	s,' was the related organization a section	527 organization?		•	49b	لـــــا	
50 Complemple	plete this table for the organization's five oyees) who each received more than \$10	0,000 of compensation	from the organizat	ion. If there is none, enter 'N	one '		
(a)	Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Ex accou other all	pense nt and owances	;
NONE _							
						-	
f Total	number of other employees paid over \$1	00,000					
51 Comp	plete this table for the organization's five ensation from the organization. If there is	highest compensated in s none, enter 'None '	dependent contrac	tors who each received more	than \$10	0,000	of
NONE	(a) Name and address of each independent contr	actor paid more than \$100,000		(b) Type of service	(c) Comp	ensation	1
<u>NONE</u>		· 					
		- -					
d Total	number of other independent contractors	each receiving over \$1	00,000	-		-	
	Under penalties of perjury, I declare that I have example, correct, and complete Declaration of present (c	ned this return, including accontituer than officer) is based on a	panying schedules and s I information of which pre	statements, and to the best of my know parer has any knowledge	ledge and be	lief, it is	
Sign	L. CATT			1 10-25-	-10		
Here	Signature of officer		-	Date			
	1. André Por	itin Ir	CUSURCY				
	Type or print name and title	- · · · ·					
Paid	Preparer's Page 16	201 222	Date /	Check if Prep	arer's Identify instructions)	yıng Nur	nber
Palo Pre-	signature The H	m and	16/21	//D self- employed ► N/			
parer's Use	wours it self	ic '	66				
	employed), - 351 SOUTHSIDE DE			<u> </u>	/A		
Only	ZIP + 4 BASALT, CO 8162.	·		Phone no ► (970)			
	S discuss this return with the preparer sh	own above? See instru	tions	<u> </u>	►X Yes		No
BAA					Form 990	-EZ (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Employer identification number

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

SNOWMASS ROTARY CLUB CHARITABLE

FOUNDATION 84-1591342 See instructions Part I Reason for Public Charity Status (All organizations must complete this part.) The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(bX1XAXiii). Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section** 170(b(1)(A)(iv)). (Complete Part II) 5 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 X in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 9 An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h. ь Type II c l Type III — Functionally integrated Type III— Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g Yes No

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col the (i) listed in your governing document?		(v) Did you notify the organization in col col (i) of your support? (vi) Is the organization in col (i) organized in the US?		(v) Did you notify action in col the organization in col ted in your col (i) of your support? (vi) Is the organization in col (i) organized in the U S?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
			 	-	 				
							-		
			 						
tal					<u> </u>				

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii)

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

below, the governing body of the supported organization?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

a family member of a person described in (i) above?

Schedule A (Form 990 or 990-EZ) 2009

11 g (i)

11 g (ii) 11 g (iii)

Page 2

	(Complete only if you check	ed the box on line	5, 7, or 8 of Part	1)				
Sec	tion A. Public Support							
begi	ndar year (or fiscal year nning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	7,950.	19,753.	27,674.				55,377.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							0.
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.				2			0.
4	Total. Add lines 1-through 3	7,950.	19,753.	27,674.	0.		0.	55,377.
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)							0.
	Public support. Subtract line 5 from line 4					<u>-</u>		55,377.
Sec	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·						
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		
7	Amounts from line 4	7,950.	19,753.	27,674.	0.		0.	55,377.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	1,762.	1,237.	2,379.				5,378.
9	Net income from unrelated business activities, whether or not the business is regularly carried on							0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)			. <u>.</u>				0.
11	Total support. Add lines 7 through 10					··		60,755.
12	Gross receipts from related activ	ities, etc (see ins	tructions) .				12	0.
13	First five years. If the Form 990 organization, check this box and	is for the organiza stop here	ition's first, secon	d, third, fourth,	or fifth tax year as	a section 50	1(c)	(3) ► X
Sec	tion C. Computation of Pu				···	1		
14	Public support percentage for 20	•	•	e 11, column (f)		F-	14	<u>%</u>
15	Public support percentage from					_	15	<u>%_</u>
16 a	33-1/3 support test — 2009. If the and stop here. The organization	e organization did qualifies as a pub	not check the bo licly supported or	x on line 13, and ganization	the line 14 is 33-	1/3 % or moi	re, cl	heck this box
ł	33-1/3 support test - 2008. If the and stop here. The organization				, and line 15 is 33	3-1/3% or mo	re, c	check this box
17 a	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.							
ŧ	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	nd-circumstances test The organiz	s' test, check this zation qualifies as	box and stop her a publicly suppo	e. Explain in rted organiza	Part tion.	IV how the ►
18	Private foundation. If the organi	zation did not che	ck a box on line,	13, 16a, 16b, 17a				
BAA					Sci	ieaule A (Foi	m 9'	90 or 990-EZ) 2009

Page 3

Schedule A (Form 990 or 990-EZ) 2009 SNOWMASS ROTARY CLUB CHARITABLE

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)									
Sec	tion A. Public Support			γ					
	ndar year (or fiscal yr 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 'unusual grants.')								
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that are not an unrelated trade or business under section 513								
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that								
	exceed the greater of 1% of the amount on line 13 for the year								
	Add lines 7a and 7b								
8	Public support (Subtract line								
_	7c from line 6)				<u> </u>	L			
	tion B. Total Support	4 > 0005	41,0005	43,0007	L 41 2000	4-> 000/			
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	-	(f) Total	
-	Amounts from line 6 Gross income from interest,								
102	dividends, payments received on securities loans, rents, royalties and income form similar sources								
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carned on								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)								
13 14	Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	is for the organiz stop here	ation's first, secoi	nd, third, fourth,	or fifth tax year a	s a section 5	501(c)	(3)	
Sec	tion C. Computation of Pu	blic Support P	ercentage						
15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)).									
	16 Public support percentage from 2008 Schedule A, Part III, line 15 %								
Section D. Computation of Investment Income Percentage									
17	, ,	•		=	ımn (f))		17		
18	Investment income percentage f] 	18		
	33-1/3 support tests – 2009. If the comore than 33-1/3%, check this be 33-1/3 support tests – 2008. If the	ox and stop here	. The organization	n qualifies as a p	ublicly supported	organization		▶ 📙	
	33-1/3 support tests — 2008. If the is not more than 33-1/3%, check Private foundation. If the organic							, and life to	
20	THE ORGANI	<u> zauon ulu 1100 CHB</u>	CR & DOX OIT HITE	,a, o. 190, t	STICON THE DOX ALL				

Schedule A	(Form	990 or	990-E2	2) 2009	SNOW	MASS	ROTA	RY	CLUB	CHAI	RITAI	BLE		84-1	59134	2	Page 4
PartIV	Supp Part	lemer II, line	17a (formator 17b;	tion. Co and P	omple art III,	te this line 1	pai 2. F	rt to pi Provid	rovide e any	the othe	explana r addıtı	ations re onal info	quired l rmatior	oy Part i. See ii	II, line nstructi	10; ons.
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2009

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 Form990 or Form 990-EZ. ➤ See separate instructions.

Open to Public Inspection

Name of the organization SNOWMASS ROTA FOUNDATION	ARY CLUB C	HARITA	BLE			84-159134	
Fundraising Activities, Comp	lete if the orga	nization ai	nswered 'Y	es' to Form 990, Part I			
Part I Form 990EZ filers are not req	uired to comple	ete this pa	ırt	<u></u>			·
1 Indicate whether the organization	raised funds th	rough any	of the foll	— •			
Mail solicitations				Solicitation of non-	-	•	
Internet and email solicitations	5			Solicitation of gove		grants	
Phone solicitations				Special fundraising	events		
In-person solicitations							
2a Did the organization have written employees listed in Form 990, Par	or oral agreeme	ent with ar	ny individu	al (including officers, di	rectors,	trustees or key	Yes No
				_			
b If 'Yes,' list the ten highest paid in compensated at least \$5,000 by th	aividuais or en le organization	tities (tund	araisers) p	ursuant to agreements	under w	nich the fundra	iser is to be
	г - ў]			(v) An	nount paid to	
(i) Name of individual	(ii) Activity		fundraiser	(iv) Gross receipts	(or re	etained by)	(vi) Amount paid to
or entity (fundraiser)			dy or control ibutions?	from activity	Tunara	user listed in col (i)	(or retained by) organization
		Yes	No				
		103	110				
		1					
		 	 				
		1					
		 					
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Total			•				
3 List all states in which the organiz	ation is registe	red or lice	nsed to so	licit funds or has been	notified	it is exempt fro	m registration
or licensing							
					_ _		

. . . .

Pai	rt II	Fundraising Events. Complete If reported more than \$15,000 on F	the organization at form 990-F7, line 6	nswered 'Yes' to Fo	orm 990, Part IV, li gross receipts grea	ne 18, or ater than \$5.000.
RE		Toportou more than \$10,000 em	(a) Event #1 TASTE OF FALL (event type)	(b) Event #2 GOLF TOURNAMEN (event type)	(c) Other Events	(d) Total Events (Add col (a) through col (c))
REVENUE	1	Gross receipts	126,436.	16,847.		143,283.
Ē	2	Less Charitable contributions				
	3	Gross income (line 1 minus line 2)	126,436.	16,847.		143,283.
	4	Cash prizes				
	5	Noncash prizes				
DIRECT	6	Rent/facility costs .				
	7	Food and beverages				
EXPENSES	8	Entertainment				
N S E	9	Other direct expenses	68,103.	3,341.		71,444.
S	10	Direct expense summary Add lines 4- to	•		•	71,444.
	11	Net income summary Combine lines 3, o		11 E 000 D	10/1 10	71,839.
Pai	rt III	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye	s' to Form 990, Pai	rt IV, line 19, or re	ported more than
REVENUE			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col. (c))
Ē	1	Gross revenue .				
D X	2	Cash prizes .				
DIRECT	3	Non-cash prizes .		-		
3	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes% No	Yes% No	Yes%	
	7	Direct expense summary. Add lines 2 thr	rough 5 in column (d)		. ►	
	8	Net gaming income summary. Combine	lines 1, column (d) and	line 7	>	
•	 4	as the state(a) in which the exception of	norotos gomina notivitis			YES NO
9		er the state(s) in which the organization op ne organization licensed to operate gaming				9a
l	b If 'N	lo,' explain				
						
		re any of the organization's gaming license 'es,' explain	es revoked, suspended	or terminated during the	e tax year?	10a
•						
11	 Doe	s the organization operate gaming activitiis	es with nonmembers?			
12		ne organization a grantor, beneficiary or tr ninister charitable gaming?		ember of a partnership of	or other entity formed t	o 12
	auii	mister chartable gaining.				rm 990 or 990 E7) 2009

Schedule G (Form 990 or 990-EZ) 2009 SNOWMASS ROTARY CLUB CHARITABLE	84-1591342		Page 3
		YE	S NO
13 Indicate the percentage of gaming activity operated in.			
a The organization's facility			
b An outside facility	%	ĺ	
14 Enter the name and address of the person who prepares the organization's gaming/special events books	and records.		
	}		
Name: •			
Address. •			
15a Does the organization have a contact with a third party from whom the organization receives gaming reve	enue?	15a	
b If 'Yes,' enter the amount of gaming revenue received by the organization \$ and t	he amount		
of gaming revenue retained by the third party \$			
c If 'Yes,' enter name and address of the third party	}		
	1	l	1
Name. •			1 1
Address. ►			
16 Gaming manager information			
Name· ►			
Gaming manager compensation ► \$			
Description of services provided			
Director/officer Employee Independent contractor			
17 Mandatory distributions	Ì		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to state gaming license?	retain the	17a	-
b Enter the amount of distributions required under state law to be distributed to other exempt organizations			
organization's own exempt activities during the tax year ► \$			
RAA TEFA37031 02/05/10 Schedu	ule G (Form 990 c	or 990.E	7) 2009

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2009	FEDERAL STATEMENTS	 PAGE 1
	SNOWMASS ROTARY CLUB CHARITABLE	
10/20/10	FOUNDATION	 84-1591342 11 33AM
STATEMENT 1 FORM 990-EZ, PART I, LINE 10 GRANTS AND SIMILAR AMOU	NTS PAID	
DONEE'S NAME: CASH AMOUNT GIVEN:	ASPEN YOUTH CENTER	\$ 2,000.
DONEE'S NAME: CASH AMOUNT GIVEN:	MISC INT'L CONTRIBUTIONS	\$ 5,379.
DONEE'S NAME: CASH AMOUNT GIVEN:	DICTIONARIES	\$ 1,998.
DONEE'S NAME: CASH AMOUNT GIVEN:	CHALLENGE ASPEN	\$ 3,000.
DONEE'S NAME: CASH AMOUNT GIVEN:	EXTREME SPORTS CAMP	\$ 2,000.
DONEE'S NAME: CASH AMOUNT GIVEN:	LITTLE RED SCHOOLHOUSE	\$ 4,000.
DONEE'S NAME: CASH AMOUNT GIVEN:	MISC LOCAL CONTRIBUTIONS	\$ 4,788.
DONEE'S NAME: CASH AMOUNT GIVEN:	HAITI NURSING FOUNDATION	\$ 7,500.
DONEE'S NAME: CASH AMOUNT GIVEN:	YOUTH EXCHANGE PROGRAM	\$ 4,820.
DONEE'S NAME: CASH AMOUNT GIVEN:	BASALT HIGH SCHOOL SCHOLARSHIP	\$ 5,000.
DONEE'S NAME: CASH AMOUNT GIVEN:	ASPEN CAMP SCHOOL FOR THE DEAF	\$ 3,000.
DONEE'S NAME: CASH AMOUNT GIVEN:	GUATEMALA LITERACY	\$ 1,000.
DONEE'S NAME: CASH AMOUNT GIVEN:	NICARAGUA CHILDREN OF THE DUMP	\$ 2,000.
DONEE'S NAME: CASH AMOUNT GIVEN:	ORPHAN ACT	\$ 2,000.
DONEE'S NAME: CASH AMOUNT GIVEN:	ASPEN YOUTH EXPERIENCE	\$ 1,000.
DONEE'S NAME: CASH AMOUNT GIVEN:	BUDDY PROGRAM	\$ 2,000.
DONEE'S NAME: CASH AMOUNT GIVEN:	GROWING YEARS SCHOOL	\$ 1,000.

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2009	FEDERAL STATEMENTS		PAGE 2
CLIENT SMCHARIT	SNOWMASS ROTARY CLUB CHARITABLE FOUNDATION		84-1591342
10/20/10			11·33AM
STATEMENT 1 (CONTINUED) FORM 990-EZ, PART I, LINE 10 GRANTS AND SIMILAR AMOU) INTS PAID		
DONEE'S NAME: CASH AMOUNT GIVEN:	ROARING FORK KIDS	\$	2,000.
DONEE'S NAME: CASH AMOUNT GIVEN:	VALLEY PARTNERSHIP FOR DRUG	\$	1,000.
DONEE'S NAME: CASH AMOUNT GIVEN:	WINDWALKERS/EQUINE ASSISTED	\$	1,000.
DONEE'S NAME: CASH AMOUNT GIVEN:	YOUR FRIENDS FOR LIFE	\$	1,000.
DONEE'S NAME: CASH AMOUNT GIVEN:	YOUTH ZONE	\$	1,000.
FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES ADMINISTRATIVE FEES ENDOWMENT FUND EXPENSES STORAGE UNIT		\$ TOTAL \$	1,508. 3,583. 570. 5,661.
STATEMENT 3		TOTAL \$	5,661.
FORM 990-EZ, PART II, LINE 2 OTHER ASSETS	4		
ENDOWMENT FUND .	TOTAL \$	96,154. \$	ENDING 88,678. 88,678.
STATEMENT 4 FORM 990-EZ, PART II, LINE 2 TOTAL LIABILITIES	6		
ACCOUNTS PAYABLE AND ACC GRANTS PAYABLE		20,126. \$ 4,000.	6,300. 5,000. 11,300.

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2009

FEDERAL STATEMENTS

PAGE 3

CLIENT SMCHARIT

SNOWMASS ROTARY CLUB CHARITABLE FOUNDATION

84-1591342

10/20/10

11 33AM

STATEMENT 5 FORM 990-EZ, PART V REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO (B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO