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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form
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)

Sponsonng 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

OMB No 1545-1150

2009

Open to Public Inspection

	Α	For the	2009 calen	<u>dar year</u>	r, o r	r tax year begin	ining 07	<u>/01/09 ,</u>	and ending	06/	<u> 30/1</u>	0				
	В	ueo IDS							Emp	loyer identification number						
	Щ	Address	•	label or	.	LOVELAND ROTARY CLUB						84-6035526				
	_	Name ch	•	print or	-							Room/suite	E Telephone number			
	H	Initial ret		type. See			er and street (or P O box, if mail is not delivered to street address) Room/suite						_		0-667-1158	
	H	Amende		Specific	-	City or town, state of							F		up Exemption	
	H		ion pending	Instruc- tions.		LOVELAND	• •	14 Zii - 4	CO 80	537			•	Num		
						tions and 4947(xempt charitab			<u> </u>	G Accountin	a me		X Cash Accrual	
		•				leted Schedule					-	Other (specify)	٠.			
	ī	Websit	te: W V		_	elandrot								ıf the	organization is not	
	<u>J</u>	Tax-exe	empt status (c	heck only or	ne) –	_ X 501(c)	(4)<	(insert no)	4947(a)(1)	or	527	required to 990-EZ, o	o ättä ir 990	ch Sch -PF)	organization is not nedule B (Form 990,	
	K	Check	•	if the oi	rga	nization is not a	section 50	9(a)(3) supportir	ng organization	and it	s gross i				more than \$25,000 A	
	_	Form 9	90-EZ or Fo	rm 990 re	etur	rn is not required	d, but if the	organization ch	ooses to file a	return,	be sure	to file a compl	ete r	eturn		
	<u>L</u>	Add line				determine gross re								▶ \$		
	_P	art I	Rever	nue, Ex	xp(enses, and C	Changes	in Net Asse	ts or Fund	Bala	nces (S	See the inst	<u>ruct</u>	ions		
		1	Contributions	, gıfts, gra	ants,	, and sımılar amoui	nts received							1	158	
		2	Program service revenue including government fees and contracts							2						
		3	Membershi	p dues a	ınd	assessments			S	ee S	State	ment 1	ļ	3	121,888	
		4	Investment							1	ı		-	4	246	
		5a				le of assets othe		ntory		5a	-					
		b				sis and sales exp				5b	ļ		\dashv	_		
	•	C				assets other than I			•				,	5c		
	ğ	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming , check here Gross revenue (not including \$ of contributions													
	Revenue	a		•	inc	luaing \$		of co	intributions	1 0-	ı	4,4	2 5			
	œ		reported on	•		athar than frade				6a	 	4,4.	22			
		b		•		other than fundra om special even	• .		ına 6h fram lını	6b	<u> </u>		\dashv	6c	4,435	
		с 7а				-		·	ine ob nom in	7a	I		ŀ	- 00	7,755	
		l .	ta Gross sales of inventory, less returns and allowances 7a 7b 2b Less cost of goods sold 7b 2b						\dashv							
		C		-		om sales of inve	entory (Subi	tract line 7h from	n line 7a)		1		一	7c		
		8	Other rever				mory (oub		17 1110 74)				٦ŀ	8	-	
		9		-		•	6c. 7c. and		1 RE	-0-	11 /=		,	9	126,727	
		40 Conta and amiles are unto paid (attach achadula)								IVE) 1		10	5,500		
2010		11	Benefits pa					•	[65]		-	70/	ſ	11		
20	S	12	Salaries, ot	other compensation, and employee benefits							12					
	seuses	13	Professiona							[13					
		14	Occupancy	, rent, ut	ulitie	es, and mainten	ance		L UGF)FNI	1100	JŒ	L	14		
OCT	Ä	15	Printing, pu	cy, rent, utilities, and maintenance obtained and shipping						L	15					
0		16	16 Other expenses (describe ► See Statement 2)	16	105,886						
		17				ines 10 through		<u> </u>					▶	17	111,386	
2	s	18	Excess or (deficit) fo	or th	he year (Subtrac	ct line 17 fro	om line 9)						18	15,341	
3	set	19				ances at beginni		from line 27, co	lumn (A)) (mus	st agre	e with					
S	Net Assets		_	_		orted on prior yea							-	19	39,441	
SCANNED	Š	20		-		ssets or fund ba	-	-					.	20	E 4 700	
•		21				ances at end of y							<u> </u>	21	54,782	
		art II	Balan	ice Sne		ts. If Total asse			re \$1,250,000	or more				orm 9		
						See the instruction	ons for Par	t II)			(A)	Beginning of yea			(B) End of year 62,115	
		Cash, savings, and investments Land and buildings Other assets (describe See Statement 3) 44							03	22	62,113					
									45	23	726					
			•	IIDE F	_	Dee Dra	-emeii (——'		66,54	$\overline{}$	24 25	62,841	
		Total a	issets iabilities (de	scriba 🕨	•	See Sta	atemer	+ 4		١	\vdash	27,10		26	8,059	
						(line 27 of colum			21)	—– <i>'</i>	<u> </u>	39,4		27	54,782	
						eduction Act No						<i></i>			Form 990-F7 (2009)	

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Form 990-EZ (2009) LOVELAND	ROTARY CLUB	84	<u>-6035526</u>			Page		
Part III Statement of Progra	m Service Accomplishme	ents (See the instruc	tions for Part I	II.)	Ex	penses		
What is the organization's primary exempt	purpose?				(Required	for section		
INTERNATIONAL & COMMUNITY SERV					501(c)(3) a	and 501(c)(4)		
Describe what was achieved in carrying out	the organization's exempt purpor	ses In a clear and concise	<u> </u>		organizatio	ons and section		
manner, describe the services provided, the	e number of persons benefited, or	r other relevant information	ı for	1	4947(a)(1) trusts, optional			
each program title					for others)		
28 LOVELAND ROTARY CLUB IS A SI	ERVICE ORGANIZATION. MEM	MERS						
DONATE MANY HOURS OF COMMUN		ND						
COMMUNITY AND THE WORLD.								
	If this amount includes foreign gra	ants, check here	•	ml:	28a	111,386		
29			-					
(Grants \$	If this amount includes foreign gra	ants, check here	•	Πl,	29a			
30				<u> </u>				
••								
(Grants \$	If this amount includes foreign gra	ants check here	•		30a			
31 Other program services (attach schedu		anto, oneok nere		└ ─ ├		·		
. •	If this amount includes foreign gra	ante chack hara		$\Box \bot$	31a			
32 Total program service expenses (add		ants, check here		-	32	111,386		
	, Trustees, and Key Employees.	List such and over if not						
FAIL IV LIST OF OTHICE'S, DIRECTORS	Trustees, and Key Employees.	(b) Title and average	(c) Compensation		Contributions to	(e) Expense		
(a) Name a	and address	hours per week	(If not paid,	employe	e benefit plans &	account and		
		devoted to position	enter -0)	deferred	d compensation	other allowances		
RANDY KING	LOVELAND	SECRETARY	_					
2370 GLEN HAVEN DR	CO 80538	20.00	0	-	0			
KITTY PETERSON	LOVELAND	TREASURER						
231 W 4TH ST	CO 80537	15.00	0		0			
BILL EADS	LOVELAND	EDITARIAN						
1741 STOVE PRAIRIE CIRCLE	CO 80538	5.00	0		0	0		
PAUL HERNANDEZ	LOVELAND	DIRECTOR						
1412 HAHNS PEAK DRIVE	CO 80538	5.00	0		0	<u></u>		
MOOFIE MILLER	LOVELAND	DIRECTOR						
375 W 37TH ST	CO 80538	5.00	0		0			
RICHARD LUBINSKI	LOVELAND	PAST-PRES						
2000 SKYROCK	CO 80538	5.00	0		0			
CYNTHIA GULDY	WINDSOR	PRESIDENT						
2026 YONKEE DRIVE	CO 80550	15.00	0		0			
PHIL ASHCRAFT	LOVELAND	DIRECTOR						
6526 JORDAN DRIVE	CO 80537	5.00_	0					
GARY PREMER	LOVELAND	DIRECTOR				·		
2725 ROCKY MTN AVE #320	CO 80538	5.00	0		0	C		
DENNIS DAUGHERTY	LONGMONT	DIRECTOR						
116 SOUTH MAIN STREET	CO 80501	5.00			0	0		
CAROL STARK-SORG	JOHNSTOWN	DIRECTOR	-					
6342 E CO RD 18	CO 80534	5.00	0		o	o		
JERRY WESTBROOK	LOVELAND	PRESIDENT EL	ECT					
2724 LOCHBUIE CIRCLE	CO 80538	5.00	o		o	o		
					}			
								
				İ				
			<u> </u>					
		 -						
		-			-			
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		1						

Form 990-EZ (2009)

Pe	Int V Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			
	description of each activity	33	<u> </u>	X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of		ŀ	
	the changes	34	ļ	X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported			
	on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section			
	6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr	_		
b	Did the organization file Form 1120-POL for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations Enter.			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
_	section 4911 ▶, section 4912 ▶, section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit	İ	1	ŀ
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			
	person in a prior year, and that the transaction has not been reported on any of the organization's prior	405		x
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958 Section 504(a)(4) agreementing Fator arrows of the angle 40a	·		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			
_	reimbursed by the organization All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
е		40e		x
41	transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed ▶ _ None	406	<u> </u>	
41 42a	The organization's books are in care of KITTY PETERSON & ASSOC , P Telephone no 97	0-66	7-1	158
720	231 W 4TH STREET		•	
		537		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
~	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		X
	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.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	L	X
-	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	_		
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
-	Form 990-EZ	44	<u>L</u>	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			
	"Yes," Form 990 must be completed instead of Form 990-EZ	45	<u> </u>	X
	<u> </u>	Form 99	0-EZ	(2009)

<u>orm 990-E</u>	Z (2009) LOVELAND ROTARY CLUB	84	1-6035526		F	age 4
Part VI	Section 501(c)(3) organizations and section 4947(a					
	501(c)(3) organizations and section 4947(a)(1) none	exempt charitat	le trusts must	answer questi	ons 46-49)b
	and complete the tables for lines 50 and 51.					
	ne organization engage in direct or indirect political campaign activities o	n behalf of or in op	position to		Yes	No
cand	dates for public office? If "Yes," complete Schedule C, Part I				46	
7 Did th	ne organization engage in lobbying activities? If "Yes," complete Schedu	le C, Part II			47	
8 Is the	e organization operating a school as described in section 170(b)(1)(A)(ii)	If "Yes," complete	Schedule E		48	
9a Did th	ne organization make any transfers to an exempt non-charitable related	organization?			49a	
b If "Ye	s," was the related organization a section 527 organization?				49b	
0 Com	plete this table for the organization's five highest compensated employed	es (other than office	rs, directors, truste	es and key		
empl	byees) who each received more than \$100,000 of compensation from the		,			
	(a) Name and address of each employee paid more	(b) Title and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans &	(e) Expen account a	
	than \$100,000	devoted to position		deferred compensation	other allowa	
		_				
	•		+* >* •		٠ (الله الله الله الله الله الله الله ال	
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		1				
		}				
	· · · · · · · · · · · · · · · · · · ·					
f Total	number of other employees paid over \$100,000	▶ _		-		
	000 of compensation from the organization. If there is none, enter "None Name and address of each independent contractor paid more than \$100,000		Type of service	(c) C	ompensation	
			<u>-</u>			
		ļ				
						
d Total	number of other independent contractors each receiving over \$100,000		 , .			
u iolai	number of other independent contractors each receiving over \$100,000		.			
	Under penalties of perjury, I declare that I have examined this return, including	accompanying schedi	ulas and statements	and to the best of my l	v novdedae	
	and beliefy it is true, correct, and complete Declaration of preparer (other than					
ign	Notherial & Peterson		1 9/2	3/10		
ere	Signature of officer		Date /	0/		
	CATHERINE L PETERSON	TREA	ASURER			
	Type or print name and title					
	Preparer's N	Date	Check if	Preparer's Ident	ifying Number (S	ee instr)
aid	signature Carta of early Selection) 09/21	./10 self- employed ▶	P0005	5827	
reparer		CIATES, P			4-1526	311
se Only	Time name (or yours)					
	/ If self-employed). A 231 W 4th St	,0111110, 1				
				Phone	-	564
lay the IR	address, and ZIP + 4 Loveland, CO 80537-5			Phone	-663-3	564 No
lay the IR				Phone no ▶ 970	-663-3	No

LOVELAND ROTARY CLUB EIN 84-6035526 2009

SCHEDULE FOR GRANTS & SIMILAR AMOUNTS PAID

BOYO COOLIT TROOP #0	000
BOYS SCOUT TROOP #9	900
ALTERNATIVES TO VIOLENCE	100
BOYS & GIRLS CLUB OF LARIMER COUNTY	350
BREAST CANCER RESEARCH FOUNDATION	50
THOMPSON EDUCATION FOUNDATION	700
ROTARY 5440	500
THOMPSON SCHOOL DISTRICT	500
LOVELAND YOUTH GARDENERS	400
LARAMIE RIVER VALLEY RENDEVOUZ	500
PROJECT SELF-SUFFICIENCY	 1500
	\$ 5,500

· ROTARY LOVELAND ROTARY CLUB

84-6035526

Federal Statements

9/21/2010 11:28 AM

FYE: 6/30/2010

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description			Amount
DUES induction fees	ξ	5	121,368 520
Total	Ş	<u> </u>	121,888

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	
OFFICE SUPPLIES	3,966
IT EXPENSE	1,514
PRESIDENT ELECT TRAINING	617
CONFERENCE FEES	553
BULLETINS	1,044
CATERING SERVICE	66,746
DISTRICT DUES	7,831
INTERNATIONAL DUES	12,241
NEW MEMBER EXPENSE	147
BOARD DISCRETIONARY EXPEN	1,421
COMMITTEE EXPENSES	1,908
SOCIAL EVENTS EXPENSE	2,031
DIRECTORY	4,718
CREDIT CARD FEES	1,149
Total	\$ 105,886

Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets

	Description		Beginning of Year	 End of Year
EQUIPMENT		\$	445	\$ 726
		_	445	 726

Statement 4 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	 End of Year
DUE TO LOVELAND ROTARY FOUNDATION	\$ 27,107	\$ 8,059
	 27,107	 8,059