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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)

▶ 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

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07/01/09 , and ending 06/30/10

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
ROTARY INTERNATIONAL MURRAY ROTARY
C/O DUANE KARREN

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
4768 ICHABOD ST

City or town, state or country, and ZIP + 4
SALT LAKE CITY UT 84117

D Employer identification number
87-6124148

E Telephone number
801-274-8233

F Group Exemption Number ▶

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☐ Cash ☒ Accrual
Other (specify) ▶

I Website: ▶ N/A

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

H Check ▶ ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 53,254

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	1,222
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments SEE STATEMENT 1		3	17,839
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a 34,193		
	b	Less direct expenses other than fundraising expenses	6b 24,875		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	9,318
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ▶)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	28,379
Expenses	10	Grants and similar amounts paid (attach schedule)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe ▶ SEE STATEMENT 2)		16	18,000
	17	**Total expenses.** Add lines 10 through 16 ▶		17	18,000
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	10,379
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	21,058
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	31,437

Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	5,861	22	14,445
23 Land and buildings		23	
24 Other assets (describe ▶ SEE STATEMENT 3)	21,199	24	19,920
25 Total assets	27,060	25	34,365
26 Total liabilities (describe ▶ SEE STATEMENT 4)	6,002	26	2,928
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	21,058	27	31,437

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

Form 990-EZ (2009)

DAA

SCANNED MAY 17 2011

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose?

VOCATIONAL, COMMUNITY, INTERNATIONAL SERVICE

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others)

28

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a

29

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a 18,000

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 18,000

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SCHEDULE ATTACHED		0	0	0

Part 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		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes	34		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			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	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 ▶ 37a			
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 38b			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
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 transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ▶ NONE			
42a	The organization's books are in care of ▶ DUANE KARREN Telephone no. ▶ 801-274-8233			
	Located at ▶ 4768 ICHABOD ST SALT LAKE CITY, UT ZIP + 4 ▶ 84117			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S.?	42c		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 ▶ 43			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		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		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 ▶

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

▶ Kristi Guest President 4-25-2011
Signature of officer Date

▶ Kristi Guest
Type or print name and title

Paid Preparer's Use Only

Preparer's signature [signature] Date 4/25/11 Check if self-employed ▶ ☐ Preparer's Identifying Number (See instr) 529-52-5889

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ THIS TAX RETURN PREPARED BY A NON-PAID PREPARER.

EIN ▶

Phone no ▶ 8012748233

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

Form **990**

Special Events Schedule

For calendar year 2009, or tax year beginning 07/01/09 , and ending 06/30/10

2009

Name
ROTARY INTERNATIONAL MURRAY ROTARY
C/O DUANE KARREN

Employer Identification Number
87-6124148

	(A)	(B)	(C)	Others	Total
Gross receipts	34,193	0	0	0	34,193
Less contributions	0	0	0	0	0
Gross revenue	34,193	0	0	0	34,193
Less direct expenses	24,875	0	0	0	24,875
Net income (loss)	9,318	0	0	0	9,318

Description (A) SCHEDULE ATTACHED

(B)

(C)

Others

Federal Statements

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

Description	Amount
MEMBERS DUES	$ 7,340
MEMBER CONTRIBUTIONS & FINES	10,499
TOTAL	$ 17,839

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

Description	Amount
EXPENSES	$
OTHER EXP - SCHEDULE ATTA	5,842
PROG SERV - SCHEDULE ATTA	12,158
TOTAL	$ 18,000

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

Description	Beginning of Year	End of Year
ACCOUNTS RECEIVABLE	$ 21,199	$ 19,920
	21,199	19,920

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

Description	Beginning of Year	End of Year
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	$ 6,002	$ 2,928
	6,002	2,928

ROTARY INTERNATIONAL MURRAY 87-6124148
YEAR ENDED 06/30/10

SCHEDULE OF SPECIAL EVENTS - GROSS REVENUE – LINE 6a – PAGE 1	
LUNCHES	27,092
SOCIAL EVENTS	7,101
TOTAL	34,193
SCHEDULE OF SPECIAL EVENTS - DIRECT EXPENSE – LINE 6b – PAGE 1	
LUNCHES	17,987
SOCIAL EVENTS	6,888
TOTAL	24,875
STATEMENT 2 - SCHEDULE OF OTHER EXPENSES – LINE 16 – PAGE 1 & LINE 32 - PAGE 2	
ROTARY INTERNATIONAL & DISTRICT OF UTAH DUES - PAID TO FURTHER THE ACTIVITIES OF ROTARY INTERNATIONAL THROUGHOUT THE WORLD & ROTARY INTERNATIONAL WITHIN THE STATE OF UTAH	4,532
FLOWERS	89
OFFICE & ROTARY SUPPLIES	621
PROFESSIONAL FEES	600
SUBTOTAL	5,842
PROGRAM SERVICES – SEE SCHEDULE BELOW	12,158
TOTAL	18,000
SCHEDULE OF PROGRAM SERVICES – PAGE 2 - INCLUDED IN LINE 16 OF PAGE 1	
CLUB SERVICE - (PRIMARILY BENEFITED; THE APPROX 40 MEMBERS OF MURRAY ROTARY CLUB)	469
COMMUNITY SERVICE - (PRIMARILY BENEFITED, THE MURRAY BOYS & GIRLS CLUB, THE GREENHOUSE PROJECT, A PROJECT FOR MENTALLY OR PHYSICALLY CHALLENGED CHILDREN AND YOUNG ADULTS	2,222
YOUTH SERVICE - (PRIMARILY BENEFITED, YOUTHLINC WHICH SUPPORTS WORK PROJECTS IN DEVELOPING COUNTRIES FOR HIGH SCHOOL STUDENTS; INTERACT, A HIGH SCHOOL SERVICE CLUB SPONSORED BY MURRAY ROTARY CLUB, ROTARY YOUTH LEADERSHIP ASSOC. WHICH IS A ROTARY SPONSORED LEADERSHIP TRAINING CAMP FOR HIGH SCHOOL STUDENTS)	2,100
VOCATIONAL SERVICE - (PRIMARILY BENEFITED; THE TOP 10 ACADEMIC GRADUATES OF MURRAY HIGH SCHOOL THROUGH A "SCHOLASTIC BANQUET" AND PRESENTATION OF AN AWARD TO AN OUTSTANDING ALUMNUS OF MURRAY HIGH SCHOOL)	1,504
INTERNATIONAL SERVICE - (PRIMARILY BENEFITED A REMOTE SCHOOL IN MEXICO BY PROVIDING POWER & RESTROOMS)	5,863
TOTAL PROGRAM SERVICES-CARRIED TO STATEMENT 2	12,158

ROTARY INTERNATIONAL MURRAY 87-6124148
SCHEDULE OF OFFICERS & DIRECTORS FOR PART 1V PAGE 2 FORM 990EZ
YEAR ENDED 6/30/10

NAME & ADRESS	TITLE	COMPENSATION
KRISTI GUEST SALT LAKE CITY, UT	PRESIDENT	0
MARK ANDERSON SANDY, UT	PRESIDENT ELECT	0
KYLE WINTHER MURRAY, UT	TREASURER	0
MARIA VANDERHEYDEN SOUTH JORDAN, UT	SECRETARY	0
WYNN TATE SALT LAKE CITY, UT	DIRECTOR	0
GLEN PERRY SALT LAKE CITY, UT	DIRECTOR	0
RON JENSEN MURRAY, UT	DIRECTOR	0
NORMA CARR SALT LAKE CITY, UT	DIRECTOR	0
BRENT WINGET MURRAY, UT	DIRECTOR	0
HAROLD BROCKBANK MURRAY, UT	DIRECTOR	0