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Department of the Treasury

## **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

Inte	emal Rever	nue Service	<u>L</u>	► The organization may have to	use a copy of this return t	o satisfy state rep	orting requireme	ents.		1113	pection
Ā	For th	e 2009 calend	ar year,	or tax year beginning	July 1	, 2009, a	nd ending	J	une 30		, 20 10
В			Please	C Name of organization				D Empl	oyer ide	ntificatio	on number
	•	change	use IRS	Rotary club of Green Valle	V		1	•	-	3-02824	
	Name c	hange	label or print or	Number and street (or P.O box		treet address)	Room/suite	E Telep			
	initial re		type.	2756 N. Green Valley Park		· 1	202			2- <b>263-8</b> 3	123
닏	Termma		See Specific	City or town, state or country, a				F 0=-			
⊢	•	ed return	Instruc- tions.		· · ·		I	F Grou	•	•	0570
<u> </u>		tion pending	<u> </u>	Henderson, NV 89014					nber •		0573
	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting									✓ Cas	ih 📙 Accrual
	a completed Schedule A (Form 990 or 990-EZ). Other (specify										
							H Check	<b>►</b> ✓	if the o	rganizati	ion is <b>not</b>
ı							d to att	ach So	hedule E	B (Form 990,	
<u>J</u>	Tax-ex	cempt status (	check o	nly one) — 🗹 501(c) ( 4 )	¶ (insert no.) ☐ 4947(	a)(1) or 🔲 52	7 990-E2	z, or 99	0-PF).		
K	Check	▶ ☐ if th	e organiz	zation is not a section 509(a)(3	) supporting organization	n and its gross	receipts are no	ormally	not mo	re than S	\$25,000. A
	Form 9		•	turn is not required, but if the		_	•	-			
Ē	Add line	es 5b, 6b, and 7	b. to tine	9 to determine gross receipts;	if \$500,000 or more, file	Form 990 instea	d of Form 990-	EZ Þ	. \$	•	
	Part I			enses, and Changes i					ctions	for Pa	irt I.)
	1			s, grants, and similar amo		_			1		34,800
⊇	2		_	evenue including governm				•	2		
D! 0.7	3	_			ieni iees and contrac	,		• •	3		34,477
			•	and assessments					-		34,411
7 <del>7</del>	4	Investmen		•		1121		• •	4		
<b>-</b>	5a			m sale of assets other that	=	· · · · · · · · · · · · · · · · · · ·					
۸ON ه	j b			r basis and sales expense					]		
Ź,	, c	Gain or (lo	ss) from	sale of assets other than	inventory (Subtract I	ine 5b from lir	ne 5a)	·	5c		<u></u>
-	6	Special event	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ □								
<u> </u>	a	Gross reve	revenue (not-including \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \								
Ž å	2	reported o	n line 1	ine 12 7. 3. 8. 2010. 1 201 6a							
Z	Ь	Less: direc	Cexper	ises other than fundralsing	s other than fundralsing expenses 6b				1		
⋖	l c		1	ss) from-speçial events an		line 6b from li	ne 6a)		6c		
SCANNED	7a					1 1	,				
J.	1 .	7a Gross sales of inventors, less returns and allowances									
		Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)							7c		
	1 .	8 Other revenue (describe)							8		
	9							<u>-'</u>	9		69,277
_		Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8							<del></del>		05,211
	10	Grants and similar amounts paid (attach schedule)							10		
	11	•						'	11		
00000	8   12	•		mpensation, and employe					12		
Š	<u> </u>   13			and other payments to inc	lependent contractor	s		• •	13		
	₹ ``	' <del>-</del> '	-	utilities, and maintenance					14		
ú	15			ons, postage, and shippin	•				15		
	16	Other expe	enses (d	describe > see schedule	1			)	16		74,841
_	17	Total expe	enses.	Add lines 10 through 16 .		<u> </u>		. ▶	17		74,841
-	18			for the year (Subtract line					18		(5,564)
Net Assets	19	Net assets	or fun	d balances at beginning	of year (from line 27	, column (A))	(must agree	with			
	ž			reported on prior year's r					19		23,494
	20	Other char	naes in	net assets or fund balance	es (attach explanation	n)			20		·
	21		-	balances at end of year.	•	-			21		17,930
	Part II			ts. If Total assets on line						d of Fo	
				(See the instructions for		,200,000 01 //	(A) Begi				End of year
,	99 ~	`aab aa::	ond:-	•	ments			<del>`</del> _	3,494	<u>`</u>	17,930
		_							-		11,530
		and and build	-				·		_	23	<del></del>
		Other assets (					_,			24	
							·	2	3,494		17,930
	26 T	otal liabilitie	s (desc	ribe >			_)		0		0
-	17 A	lat accate ar	frind h	alancee (line 27 of colum	n ID) muet aaroo with	1 lina 21)	1	2	2 404	77!	47 020

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

Form **990-EZ** (2009)

Cat. No. 106421

	200 22 (2000)					. ugo =			
Par	t III Statement of Program Service Accomp	olishments (See the instru	uctions for Part II	l.)		Expenses			
Wha	t is the organization's primary exempt purpose?	See Schedule 2				(Required for section			
Desc	cribe what was achieved in carrying out the org	ganization's exempt purposes. In a clear and concise				501(c)(3) and 501(c)(4) organizations and section			
manı	ner, describe the services provided, the number o	of persons benefited, and other relevant information for				a)(1) trusts; optional			
	program title.	•			for ot				
28	Piazza Colori is a version of Italian Street Painting fe	stival. The ArtFest celebrates	the creativity and	talent of					
	artists throughout the community. Support provides								
	throughout our community by the Rotary Club of Gre				<u> </u>				
		includes foreign grants, che	ook hara	. • 🗆	28a	10,167			
~~	(Grants \$ 0) If this amount	includes foreign grams, che	ecknere		20a	10,107			
29									
		<b>i</b> i							
	(Grants \$ ) If this amount	includes foreign grants, che	eck here	. ▶ ⊔	29a				
30	30								
	(Grants \$ ) If this amount	includes foreign grants, che	eck here	<u>. ▶ □</u>	30a				
31	Other program services (attach schedule)				1 1				
	(Grants \$ ) If this amount	includes foreign grants, che	eck here	. ▶ □_	31a				
32	Total program service expenses (add lines 28a t	hrough 31a)		>	32	10,167			
Par	t IV List of Officers, Directors, Trustees, and Key	Employees. List each one ev	en if not compensa	ted. (See the	instruc	tions for Part IV.)			
		(b) Title and average	(c) Compensation	(d) Contributio	ons to	(e) Expense			
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deterred compe		account and other allowances			
Larr	y Skaggs								
	6 N. Green Valley Pkwy, #202 Henderson NV	President - 6 hrs week	o	1	0	0			
	Peterson								
	6 N. Green Valley Pkwy, #202 Henderson NV	Pres. Elect - 6 hrs week	o	ļ	0	O			
	Gruner			1					
	5 N. Green Valley Pkwy, #202 Henderson NV	Secretary - 6 hrs week	0	į	0	o			
	la Manna	Treasurer - 6 hrs week			0	0			
	6 N. Green Valley Pkwy, #202 Henderson NV	0							
	yn Nelson	Vice Pres - 6 hrs week							
2756	6 N. Green Valley Pkwy, #202 Henderson NV		0		0	0			
	y Bettis	Member-at-large 6 hr wk	amber-at-large 6 hr wk			_			
	6 N. Green Valley Pkwy, #202 Henderson NV		0		0	0			
	nn Greener	Member-at-large 6 hr wk				_			
	6 N. Green Valley Pkwy, #202 Henderson NV		0		0	0			
Ash	ley Freismuth	Member-at-large 6 hr wk		<u> </u>					
2756	6 N. Green Valley Pkwy, #202 Henderson NV	and the second of the second o			0	0			
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Part	V Other Information (Note the statement requirements in the instructions for Part V.)			30 -
		•	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	, 50	✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		1
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		1
ь	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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
ь	Did the organization file Form-1120-POL for this year?	37b		1
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		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		1
104	section 4911 ▶ n/a ; section 4912 ▶ n/a ; section 4955 ▶ n/a		İ	1
_	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit		ľ	
b	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified		1	j
	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		✓
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			
ď	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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		
41	List the states with which a copy of this return is filed. ▶ Nevada		L	<u> </u>
42a		702-26	3-832	3
	Located at ▶ 2585 Sumter Street Henderson, NV ZIP + 4 ▶	896	)52	
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		1
	if "Yes," enter the name of the foreign country: ▶		<del></del>	
	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	1	1
	If "Yes," enter the name of the foreign country: ▶			<u> </u>
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	l	1
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	<del>                                     </del>	$\vdash$	† <b>*</b>
	"Yes," Form 990 must be completed instead of Form 990-EZ	45	ļ	1
			\ <u>=</u>	<del></del>

Part VI

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section 4947(a)(1) n 17(a)(1) nonexempt o d 51.	onexempt of haritable tru	charita usts mu	ble trusts only. A st answer question	ii sec Ins 46	tion 3–49k	 )
	Did the organization engage in direct or indirect						Yes	No
	candidates for public office? If "Yes," complete					46		<b>✓</b>
	the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II					47		<b>✓</b>
	s the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E							<b>√</b>
	Did the organization make any transfers to an exempt non-charitable related organization?					49a 49b		<b>V</b>
	If "Yes," was the related organization a section 527 organization?							
	employees) who each received more than \$100,							
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average (c) Compensate hours per week devoted to position				(e) Expense account and other allowances		ise ind
					_			
						<u> </u>		
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f	Total number of other employees paid over \$100	0,000 ▶	n/a					
	(a) Name and address of each independent contractor	paid more than \$100,000		(b) T	ype of service	(c) Co	mpensa	ation
d	Total number of other independent contractors e	each receiving over \$1	00,000	<b>&gt;</b>	n/a			
	Under penalties of penjury, I declare that I have examine and belief, it is true, correct, and complete. Declaration	ed this return, including acco of preparer (other than office	mpanying sched ir) is based on all	tules and s I information	tatements, and to the bearing of which preparer has	st of my any kno	knowl	edge e
Sign Here	Signature of officer  Larry Skaggs, President 2209-2010  Type or print name and title				Oct. 14,	20	10	
Paid	Preparer's signature	Date	setf-		Preparer's identifying nu	mber (Se	e instrux	(anout;
Prepare	er's Firm's name for		Leuth		⊒l ►			
Use On	yours if self-emptoyed), address, and ZIP + 4				hone no.			
May th	e IRS discuss this return with the preparer show	n above? See instructi	ons			] Yes		No
	· · · · ·	<del></del>			Fo	m <b>99</b>	0-EZ	(2009)

# Rotary Club of Green Valley (2009) Tax ID 88-0282455 From 990EZ Part 1 Line 16

CATEGORY	AMOUNT
Administration Fees	0
Awards	1107
Badges & Engraving	753
Banners	623
Club Expense	2229
Contributions	16906
District Assembly	420
District Conference	300
Dues & Subscriptions	3162
Piazza Colori Fundraiser Expense	10167
Henderson Chamber of Commerce	435
Meals	21480
Merchandise	1653
Peace Conference	100
Polio Contribution	3753
President Elect Training Seminar	755
President Advance Training	250
PRLS Training	80
Program Expense	169
Rotary Foundation Expense	3458
Rotary International Expense	3376
Rotary Youth Leadership Award	1100
Speaker Gifts	290
Speech Contest	625
Supplies	911
Training	160
Website/Communication	<u>579</u>
Totals	\$74,841

## **Rotary Club of Green Valley**

#### Tax ID 88-0282455

Form 990EZ Part III

### To Encourage and Foster:

- 1. The ideal of service as a basis of worthy enterprise.
- 2. The development of acquaintance as an opportunity for service.
- 3. High Ethical standards in business and professions.
- 4. The Application of the ideal of service in personal, business and community life.
- The advancement of international understanding, goodwill and peace through a world of fellowship of business and professional persons united in the ideal of service.