



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Form 990-EZ

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

A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization ROTARY FOUNDATION OF LONGVIEW		D Employer identification number 91-1079032
		Number and street (or P.O. box, if mail is not delivered to street address) P.O. BOX 1105		E Telephone number (360) 636-1251
		City or town, state or country, and ZIP + 4 LONGVIEW, WA 98632		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: ▶ WWW.LONGVIEWNOONROTARY.ORG

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

J Tax-exempt status (check only one) — ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

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 ▶ \$ **160,445.****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	35,720.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	255.
	5a	Gross amount from sale of assets other than inventory STMT 4	5a	8,905.
	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	8,905.
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	115,565.
	b	Less: direct expenses other than fundraising expenses	6b	38,510.
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	77,055.	
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	121,935.	
Expenses	10	Grants and similar amounts paid (attach schedule) STMT 5 STMT 7	10	56,487.
	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 1	16	820.
	17	Total expenses. Add lines 10 through 16	17	57,307.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	64,628.
	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	93,171.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 6	20	1,001.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	158,800.

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	79,384.	104,743.
23 Land and buildings		
24 Other assets (describe) ▶ SEE STATEMENT 2	63,260.	85,340.
25 Total assets	142,644.	190,083.
26 Total liabilities (describe) ▶ SEE STATEMENT 3	49,473.	31,283.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	93,171.	158,800.

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)**Expenses**What is the organization's primary exempt purpose? SEE STATEMENT 11

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

28 SEE STATEMENT 9(Grants \$ 15,000.) If this amount includes foreign grants, check here ☐

28a

29 SEE STATEMENT 10(Grants \$ 12,500.) If this amount includes foreign grants, check here ☐

29a

30 PROVIDING BOOKS FOR A LITERACY PROGRAM ADMINISTERED BY THE LONGVIEW SCHOOL DISTRICT NO. 122.(Grants \$ 6,337.) If this amount includes foreign grants, check here ☐

30a

31 Other program services (attach schedule) SEE STATEMENT 12(Grants \$ 22,650.) If this amount includes foreign grants, check here ☐

31a

32 Total program service expenses (add lines 28a through 31a)

32

0.

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
JIM ELLIOTT 3164 AMMONS DRIVE, LONGVIEW, WA 98632	PRESIDENT 2.00	0.	0.	0.
TIM TEMPLES 1709 24TH AVE, LONGVIEW, WA 98632	PRESIDENT ELECT 2.00	0.	0.	0.
CHET MAKINSTER 1302 25TH AVE, LONGVIEW, WA 98632	PRESIDENT ELECT NOMINEE 2.00	0.	0.	0.
SARAH KOSS 262 SUNSET DRIVE, LONGVIEW, WA 98632	SECRETARY 3.00	0.	0.	0.
ROBERT A. CHACE, 2450 PARADISE DRIVE, LONGVIEW, WA 98632	TREASURER 3.00	0.	0.	0.
KAYE SANDERS 931 LONE OAK ROAD, LONGVIEW, WA 98632	SERGEANT AT ARMS 1.00	0.	0.	0.
CLAY BARTNESS, 3905 PENNSYLVANIA #51, LONGVIEW, WA 98632	PAST PRESIDENT 1.00	0.	0.	0.
MARNEE ALEXANDER 220 STORM ROAD, CASTLE ROCK, WA 98611	BOARD MEMBER 1.00	0.	0.	0.
JULIE KENDALL 1024 KESSLER BLVD, LONGVIEW, WA 98632	BOARD MEMBER 1.00	0.	0.	0.
KIM ADAMSON 830 BEEBE ROAD, CASTLE ROCK, WA 98611	BOARD MEMBER 1.00	0.	0.	0.
HELEN SMITH, 146 W. BEACON HILL DR., LONGVIEW, WA 98632	BOARD MEMBER 1.00	0.	0.	0.
MARK PURCELL, 3554 CHINOOK STREET, LONGVIEW, WA 98632	BOARD MEMBER 1.00	0.	0.	0.
KRISTI BARBER, 4350 PLEASANT HILL RD., KELSO, WA 98626	BOARD MEMBER 1.00	0.	0.	0.
GEORGE RAMIREZ 31 BENTLEY DRIVE, KELSO, WA 98626	BOARD MEMBER 1.00	0.	0.	0.
ANGELA WARNING 209 COLE ROAD, KELSO, WA 98626	BOARD MEMBER 1.00	0.	0.	0.
BRUCE PETERSON, 425 N. MAPLE HILL RD., KELSO, WA 98626	BOARD MEMBER 1.00	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		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		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?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 0.		
b Did the organization file Form 1120-POL for this year?		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?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved N/A		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 N/A		
b Gross receipts, included on line 9, for public use of club facilities N/A		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 0. ; section 4912 0. ; section 4955 0.		
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		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 0.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 0.		
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		X
41 List the states with which a copy of this return is filed. NONE		
42a The organization's books are in care of ROBERT G. GUIDE Telephone no. (360) 577-1124		
Located at 41 VIEW RIDGE CIRCLE, LONGVIEW, WA ZIP + 4 98632		
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)?		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.?		X
If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		
43 and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		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		X

Form 990-EZ (2009)

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.

- 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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 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."

	Yes	No
46		X
47		X
48		X
49a		X
49b		

(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
NONE				

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

0

- 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
NONE		

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

0

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: Robert G. Guide Signature of officer Date: 5-10-11

ROBERT G. GUIDE, TREASURER Type or print name and title

Paid Preparer's Use Only: Preparer's signature: Chace & Spurgeon Date: 5/9/11 Check if self-employed: ☐ Preparer's identifying number (See instr.): EIN: (360) 636-1251

Firm's name (or yours if self-employed), address, and ZIP + 4: CHACE & SPURGEON, P.S.
1146 14TH AVENUE
LONGVIEW, WA 98632

Phone no.: (360) 636-1251

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

Form 990-EZ (2009)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

91-1079032

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- | | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |

[illegible]

Schedule A (Form 990 or 990-EZ) 2009

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.")	10,446.	46,538.	6,389.	3,053.	35,720.	102,146.
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	10,446.	46,538.	6,389.	3,053.	35,720.	102,146.
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						102,146.

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	10,446.	46,538.	6,389.	3,053.	35,720.	102,146.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,866.	555.	478.	211.	9,160.	15,270.
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						117,416.
12 Gross receipts from related activities, etc. (see instructions)					12	487,541.
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	86.99 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	90.28 %
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 ▶ <input checked="" type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2009

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.)**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.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any 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						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

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.

Open To Public Inspection

91-1079032

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 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

Total!

- 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

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		TOUR DE BLAST - BICY (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	106,127.		106,127.
	2	Less: Charitable contributions	0.		
	3	Gross income (line 1 minus line 2)	106,127.		106,127.
Direct Expenses	4	Cash prizes	0.		
	5	Noncash prizes	0.		
	6	Rent/facility costs			
	7	Food and beverages	3,786.		3,786.
	8	Entertainment			
	9	Other direct expenses	28,562.		28,562.
	10	Direct expense summary Add lines 4 through 9 in column (d)			(32,348)
	11	Net income summary Combine line 3, column (d), and line 10			73,779.

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col (c))	
Revenue	1	Gross revenue				
	Direct Expenses	2	Cash prizes			
		3	Noncash prizes			
		4	Rent/facility costs			
		5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary Add lines 2 through 5 in column (d)				()
	8	Net gaming income summary Combine line 1, column (d), and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain _____

11 Does the organization operate gaming activities with nonmembers?

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?

	Yes	No
9a		
10a		
11		
12		

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 ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a****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****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 ► \$ _____

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
SERVICE FEE EXPENSE		320.	
ADMINISTRATIVE EXPENSES		500.	
TOTAL TO FORM 990-EZ, LINE 16		820.	

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
RECEIVABLES	700.	12,095.	
COMMUNITY FOUNDATION FOR SWW	62,560.	73,245.	
TOTAL TO FORM 990-EZ, LINE 24	63,260.	85,340.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCOUNTS PAYABLE	34,473.	16,283.	
SCHOLARSHIPS PAYABLE	15,000.	15,000.	
TOTAL TO FORM 990-EZ, LINE 26	49,473.	31,283.	

FORM 990-EZ	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES			STATEMENT 4
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SECURITIES HELD IN TRUST	8,905.	0.	0.	8,905.
TO FORM 990-EZ, LINE 5	8,905.	0.	0.	8,905.

FORM 990-EZ

NONCASH GRANTS AND ALLOCATIONS

STATEMENT 5

CLASS OF ACTIVITY

SCHOLARSHIPS GRANTED TO GRADUATING HIGH

RELATIONSHIP OF GRANTEE	DESCRIPTION OF PROPERTY	DATE OF GIFT
NONE	CASH	
METHOD USED TO DETERMINE BOOK VALUE		
CASH GIVEN		
METHOD USED TO DETERMINE FAIR MARKET VALUE	BOOK VALUE	AMOUNT GIVEN
	15,000.	15,000.

CLASS OF ACTIVITY

COMMUNITY SERVICE PROJECTS

NAME OF GRANTEE	GRANTEE ADDRESS
LIFEWORCS	NEW YORK AVE. LONGVIEW, WA 98632

RELATIONSHIP OF GRANTEE	DESCRIPTION OF PROPERTY	DATE OF GIFT
NONE	CASH	12/09/09
METHOD USED TO DETERMINE BOOK VALUE		
CASH GIVEN		
METHOD USED TO DETERMINE FAIR MARKET VALUE	BOOK VALUE	AMOUNT GIVEN
	12,500.	12,500.

CLASS OF ACTIVITY

LITERACY PROGRAM FOR CHILDREN

NAME OF GRANTEE

LONGVIEW PUBLIC SCHOOLS

GRANTEE ADDRESS

2701 LILAC AVE
LONGVIEW, WA 98632

RELATIONSHIP OF GRANTEE

NONE

DESCRIPTION OF PROPERTY

CASH

DATE OF GIFT

04/13/10

METHOD USED TO DETERMINE BOOK VALUE

METHOD USED TO DETERMINE FAIR MARKET VALUE

BOOK VALUE

AMOUNT GIVEN

6,337.

6,337.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

33,837.

FORM 990-EZ

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

STATEMENT

6

DESCRIPTION

AMOUNT

OTHER CHANGES

1,001.

TOTAL TO FORM 990-EZ, LINE 20

1,001.

FORM 990-EZ CASH GRANTS AND ALLOCATIONS STATEMENT 7

CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
NUMEROUS OTHER PROJECTS	NONE	22,650.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10	22,650.
--	---------

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 8

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

990-EZ PG 2

STATEMENT 9

10 SCHOLARSHIPS AWARDED TO GRADUATING HIGH SCHOOL SENIORS FOR FURTHERING THEIR EDUCATION. COMMITTEE REVIEWS APPLICATIONS AND HOLDS INTERVIEWS. DISCRIMINATION IN ANY WAY IS PROHIBITED.

990-EZ PG 2

STATEMENT 10

PROVIDING FUNDS FOR LIFEWORKS, LONGVIEW, WA, TO HELP PHYSICALLY AND MENTALLY DISABLED PERSONS. FUNDS WERE USED TO CONSTRUCT AND MAINTAIN FACILITIES USED TO HELP DISABLED PERSONS.

990-EZ PG 2

STATEMENT 11

THE PURPOSE OF THIS ORGANIZATION IS THE CHARITABLE PART OF THE LONGVIEW ROTARY CLUB. AS SUCH, THIS ORGANIZATION IS IN CHARGE OF IDENTIFYING LOCAL, NATIONAL AND INTERNATIONAL CHARITABLE NEEDS OF THE COMMUNITIES AND TO PROVIDE FUNDS FOR THOSE COMMUNITY NEEDS.

FORM 990-EZ

OTHER PROGRAM SERVICES

STATEMENT 12

DESCRIPTION

GRANTS

EXPENSES

SMALL GRANTS TO LOCAL CHARITIES, ROTARY YOUTH
LEADERSHIP, SHELTER BOXES, ROTARY ANGELS PROGRAM,
WASHINGTON BUSINESS WEEK, JUNIOR ACHIEVEMENT,
LEADERSHIP ACADEMY.

22,650.

0.

TOTAL TO FORM 990-EZ, LINE 31

22,650.