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Form 990-EZ

Short Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public
InspectionDepartment 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

A For the 2009 calendar year, or tax year beginning 7/01 , 2009, and ending 6/30 , 2010									
B Check if applicable: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>Address change</td></tr> <tr><td>Name change</td></tr> <tr><td>Initial return</td></tr> <tr><td>Termination</td></tr> <tr><td>Amended return</td></tr> <tr><td>Application pending</td></tr> </table> C Please use IRS label or print or type. See Specific Instructions. Greater Clark County Rotary Foundation PO Box 384 Vancouver, WA 98666-0384		Address change	Name change	Initial return	Termination	Amended return	Application pending	D Employer identification number 91-1935127 E Telephone number 360-574-0644 F Group Exemption Number	
Address change									
Name change									
Initial return									
Termination									
Amended return									
Application pending									
• 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: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►							
I Website: ► N/A		H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)							
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527									
K Check ► <input type="checkbox"/> 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		► \$ 87,567.							
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 25,414.							
	2								
	3								
	4								
	5a								
	5b								
	5c								
	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) 60,271.							
b	Less: direct expenses other than fundraising expenses 28,812.								
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 31,459.								
7a	Gross sales of inventory, less returns and allowances 7c								
b	Less: cost of goods sold 8								
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 9								
8	Other revenue (describe ►) 58,755.								
9	Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8								
10	Grants and similar amounts paid (attach schedule) 58,439.								
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 ►) 16								
17	Total expenses. Add lines 10 through 16 61,332.								
18	Excess or (deficit) for the year (Subtract line 17 from line 9) -2,577.								
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) 139,723.								
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 20 137,146.								
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)									
22	Cash, savings, and investments 139,723.		(A) Beginning of year 22 (B) End of year 137,146.						
23	Land and buildings 23								
24	Other assets (describe ►) 24								
25	Total assets 139,723.		25 137,146.						
26	Total liabilities (describe ►) 0.		26 0.						
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) 139,723.		27 137,146.						

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

Form 990-EZ (2009)

Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses (Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose? <u>See Statement 3</u>		
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.		

28 See Statement 4

(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

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

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

(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 and deferred compensation	(e) Expense account and other allowances
Chris Lucia PO Box 384 Vancouver, WA 98666-0384	President 0	0.	0.	0.
Dan Clark PO Box 384 Vancouver, WA 98666-0384	Past-President 0	0.	0.	0.
Lynn Rullman PO Box 384 Vancouver, WA 98666-0384	President-Elect 0	0.	0.	0.
Mike McMorine PO Box 384 Vancouver, WA 98666-0384	Director 0	0.	0.	0.
Debbie Deane PO Box 384 Vancouver, WA 98666-0384	Director 0	0.	0.	0.
Brad Eriksen PO Box 384 Vancouver, WA 98666-0384	Director 0	0.	0.	0.
Randy Salisbury PO Box 384 Vancouver, WA 98666-0384	Director 0	0.	0.	0.
Greg Seifert PO Box 384 Vancouver, WA 98666-0384	Director 0	0.	0.	0.
Rick Smithrud PO Box 384 Vancouver, WA 98666-0384	Director 0	0.	0.	0.

Part V Other Information (Note the statement requirements in the instrs for Part V.)

See Statement 5

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity

	Yes	No
33		X
34		X

34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes

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?

b If 'Yes,' has it filed a tax return on Form 990-T for this year?

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

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.

b Did the organization file Form 1120-POL for this year?

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?

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved

39 Section 501(c)(7) organizations. Enter

a 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 ► 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

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

41 List the states with which a copy of this return is filed ► None

42a The organization's

books are in care of ► Mike McMorine

Telephone no. ► 360-449-0912

Located at ► PO Box 384 Vancouver, WA

ZIP + 4 ► 98666-0384

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)?

If 'Yes,' enter the name of the foreign country. ►

	Yes	No
42b		X

See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If 'Yes,' enter the name of the foreign country. ►

	Yes	No
42c		X

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

► N/A
43 N/A

	Yes	No
44		X
45		X

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

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

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

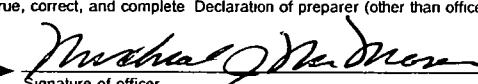
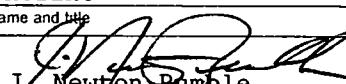
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				

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
None		

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

<p>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.</p>				
Sign Here	 Signature of officer		 Date	
	► Mike McMorine Type or print name and title		Treasurer	
Paid Pre-parer's Use Only	Preparer's signature  J. Newton Rumble	Date 11/22/10	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions) N/A
	Firm's name (or yours if self-employed), address, and ZIP + 4 Peterson & Associates, PS P O BOX 65009 Vancouver, WA 98665-0001	EIN (360) 574-0644	► N/A Phone no ► (360) 574-0644	

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

BAA

► Yes No

Form 990-EZ (2009)

Public Charity Status and Public Support

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

2009

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

Employer identification number

Name of the organization

Greater Clark County Rotary Foundation

91-1935127

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

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)**.
4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state:
5 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.)
6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 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.)
10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 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
a Type I b Type II c Type III – Functionally integrated d Type III – Other
e 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 509(a)(2)**
f 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
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

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

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

h Provide the following information about the supported organizations

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

11. Provide the following information about the supported organization

(i) Name of Supported Organization	(ii) EIN	(iii) Name of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?	(v) Is the organization in 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	
Total						

Total

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

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 'unusual grants.')						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
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						
4 Total. Add lines 1-through 3						
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						

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						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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						
12 Gross receipts from related activities, etc (see instructions)						12

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. ► **Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.	►	<input 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"/>

BAA

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 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.')	19,942.	20,041.	30,659.	13,648.	25,414.	109,704.
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.	67,835.	76,551.	129,650.	71,091.	60,271.	405,398.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1 through 5	87,777.	96,592.	160,309.	84,739.	85,685.	515,102.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b 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	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 Public support (Subtract line 7c from line 6)						515,102.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	87,777.	96,592.	160,309.	84,739.	85,685.	515,102.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	1,241.	2,847.	4,344.	1,518.	1,882.	11,832.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	1,241.	2,847.	4,344.	1,518.	1,882.	11,832.
c Add lines 10a and 10b	1,241.	2,847.	4,344.	1,518.	1,882.	11,832.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
13 Total support. (add lines 9, 10c, 11, and 12)	...	...	...	...	...	526,934.
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	97.8 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	98.1 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	2.3 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17.	18	1.9 %
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 ▶ <input checked="" type="checkbox"/>		
b 33-1/3 support tests – 2008. If the organization did not check a box on line 14 or 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 ▶ <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ <input type="checkbox"/>		

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2009

Open to Public
Inspection

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.

Name of the organization

Employer identification number

Greater Clark County Rotary Foundation

91-1935127

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

Part I Fundraising Activities. Complete if the organization uses Form 990EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

<input type="checkbox"/> Mail solicitations	<input type="checkbox"/> Solicitation of non-government grants
<input type="checkbox"/> Internet and email solicitations	<input type="checkbox"/> Solicitation of government grants
<input type="checkbox"/> Phone solicitations	<input type="checkbox"/> Special fundraising events
<input type="checkbox"/> In-person solicitations	

2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

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

Handwriting practice lines consisting of five sets of horizontal dashed lines for letter formation.

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 <u>Rose sales</u> (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col. (a) through col. (c))
1 Gross receipts	56,631.			56,631.
2 Less: Charitable contributions				
3 Gross income (line 1 minus line 2)	56,631.			56,631.
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	28,293.			28,293.
10 Direct expense summary. Add lines 4- through 9 in column (d)				28,293.
11 Net income summary. Combine lines 3, column (d) and line 10				28,338.

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))
1 Gross revenue				
2 Cash prizes				
3 Non-cash 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 lines 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
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 contact 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: ►		
<input type="checkbox"/> Director/officer	<input type="checkbox"/> Employee	<input type="checkbox"/> Independent contractor
17 Mandatory distributions	17a	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		
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 ► \$ _____		

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Schedule G (Form 990 or 990-EZ) 2009

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**Statement 1
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid**

Donee's Name: Cash Amount Given:	Adopt a Retirement Center	\$ 1,400.
Donee's Name: Cash Amount Given:	Homeless Project	\$ 1,652.
Donee's Name: Cash Amount Given:	Habitat for Humanity	\$ 1,489.
Donee's Name: Cash Amount Given:	Bike Helmets	\$ 1,520.
Donee's Name: Cash Amount Given:	Boy Scout Troop	\$ 1,000.
Donee's Name: Cash Amount Given:	Walk N Knock	\$ 500.
Donee's Name: Cash Amount Given:	International Exchange Students	\$ 4,774.
Donee's Name: Cash Amount Given:	World Community Service	\$ 10,000.
Donee's Name: Cash Amount Given:	Vocational Service	\$ 23,667.
Donee's Name: Cash Amount Given:	The Rotary Foundation	\$ 4,000.
Donee's Name: Cash Amount Given:	Hammer & Nails Project	\$ 1,409.
Donee's Name: Cash Amount Given:	Haiti Relief	\$ 2,320.
Donee's Name: Cash Amount Given:	AED - Auto Ext Defib	\$ 2,806.
Donee's Name: Cash Amount Given:	Affordable Commty Environ	\$ 452.
Donee's Name: Cash Amount Given:	Fort Vancouver Library	\$ 750.
Donee's Name: Cash Amount Given:	4 Way Test	\$ 700.

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

Bank Service Charges	\$	70.
Fair booth expenses	..	..	..	..	..		639.
Interact/Rotoract Club	..	..	..	..	..		834.
New service project	..	..	..	..	..		635.
Office Expenses	..	..	..	..	..		337.
Total \$							2,515.

Statement 3
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

Net proceeds from fundraisers used to support educational, civic and humanitarian projects world wide.

Statement 4
Form 990-EZ, Part III, Line 28
Statement of Program Service Accomplishments

Net proceeds from fundraisers are used to support educational, civic, and humanitarian projects within the community and world wide through grants and bequests to other service organizations, Rotary International, and bequests directed, and engaged by the Greater Clark County Rotary Club upon approval by the Greater Clark County Rotary Foundation.

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