

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



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)

OMB No 1545-0047

2009

disciplication of the section

Department of the Treasury Internal Révenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

	For t	he 2009 calen	dar year,	or tax year begi	nning 7/0	1,2	2009, and ending	6/	′ 30		, 2010	_
В	Check	if applicable	Please use	C					D Employ	er Identi	fication Number	_
	∏ Ac	ddress change	IRS label	Mt Bachelo	or Rotary	Club			93-1	1017	646	
	∏ _{Nã}	ame change	or print or type.	PO Box 848					E Telepho	ne numt	per	_
		itial return	See specific	Bend, OR 9	97709				İ			
	\vdash	ermination	Instruc- tions.									_
	H	mended return	1	l					G Gross re		127,365	
	-	pplication pending	F Name :	and address of princip	al officer:			H(a) Is this	a group return			
	ш~	pprication pending]	As C Above			1		Il affiliates incl			lo lo
	Tav	r-exempt statu			(insert no.)	4947(a)(1) c	or 527	If 'No	,' attach a list.	(see ins	tructions)	
÷		bsite: N/		(6) (3	(III3ert 110.)			Was Carre			•	
<u>K</u>		n of organization	Corpor	ation Trust	Association	Other ►	L Year of Formation		exemption nu		egal domicile OR	_
ie:		Summa		udon j jilost j		Outer	E Teal of Formati	011.	1101 3	Diale of	egal domiche OIC	_
U: 30				panization's miss	sion or most s	ignificant activities:	The club	prov	ides se	rvic	e to the	—
		communit	v and	an opportu	nity for	members to	rather for	educ	ational	and	general	-
Š		interest	meeti	nas.			9.5 E-13-613-8			11-2		_
Activities & Governance	1											_
) N	2	Check this bo	x ► 📙	if the organization	on discontinue	ed its operations or	disposed of moi	re than :	25% of its	assets	•	
_ &	3	Number of vo	oting men	nbers of the gove	rning body (P	art VI, line 1a)		• • • • • • •				<u> 73</u>
≃ :	4					rning body (Part VI,				4		ŏ
₹	5	Total number	of emplo	byees (Part V, III beers (estimate if	e 2a)	· · · · · · · · · · · · · · · · · · ·			• • • • • • • • • • • • • • • • • • • •	6		90
Act	7.	Total gross u	nrelated I	nisiness revenue	from Part VI	II, column (C), line	12	• • • • • • • • • • • • • • • • • • • •		7a) <u>.</u>
>	Ъ	Net unrelated	i busines	s taxable income	from Form 99	90-T, line 34	12	• • • • • •	•• •••	75		; :
_ر				10.00.00		1, 1110 01					Current Year	÷
ן ב	8	Contributions	and oran	nts (Part VIII line	16)				Prior Year 67,8	228	69,059	<u>-</u>
~ <u>9</u>	9					· · · · · · · · · · · · · · · · · · ·			07,0	20.	05,055	÷
Ϋ́	10					and 7d)			2.6	16.	1,172	,
桑	11					9c, 10c, and 11e)			34,4		40,540	
7	12					Part VIII, column (A			104,8		110,771	
SCANNING DEC	13					(), lines 1-3)			41,0		45,732	_
10	14), line 4)						
_	15					art IX, column (A),						_
Expenses	16a			ng fees (Part IX,								
Per .				nses (Part IX, co			7		A Section 1			- F
ũ						T1f-24f) (.)		المرافقين الما	61,8	3.4	59,339	2 2
	18					, column (A), line-2		 	102,8		105,071	
		Pavanua lass	cs. Auu II	s. Subtract line		1 5 2010	រាំ្រ	<u> </u>		983.	5,700	
-1	13	Nevenue less	expense	s. Subtract fine	18 Homminer	<u> </u>	<u> </u>	+				<u>,</u>
2 5	20	Takal assats	Д -4 У 1	16\			:{	Beg	inning of Y		End of Year	_
80	20 21	Total liabilitie	•	•	<u>()(;</u>	UEN, UT	<u></u>		98,7	046.	104,242	
Net Assets o Fund Balance			-	•		00		 				_
	22 		ure Blo	ances. Subtract	ine 21 from ii	ne 20	· ··· ·· · · · · ·		97,6	000.	103,36	<u>/·</u>
ندى	nom.								44. 45. 1 .4			_
		true, correct,	and complete	Declaration of prepa	examined this retu irer (other than off	m, including accompanyin icer) is based on all inform	ng schedules and stat mation of which prepa	ements, ai irer has an	na to the best ly knowledge	ot my kr	nowledge and belief, it is	
Sig	nn	>	// NN					1	11/	15/1	10	
He	re	Signature	of tricer				·		Date	-/-		_
		► \(\sqrt{\chi}	Min-	Andrew	s Trea	surer				•		
		Type or p	rint name an	d title.	-, , , , , , , , , , , , , , , , , , , 	0001-1						_
		1		-			Date		Check if	7,	reparer's identifying numbe see instructions)	÷r
Pa	id	Proporer's	11	. 1	11/ -			- 1	self- employed	· [] "	see manacaonay	
Pro	_	Preparer's signature	► 1/N	utmi. U	Wilen.		11/3/10	0	y	~ _\	I/A	
	rer's	Firm's name (or Tho	mas C. Ril	ev, CPA.	LLC						_
Us On		yours if self- employed),		Box 1731					EIN - 1	N/A		
→ 11	עיי	address, and ZIP + 4	Ben		9-1731				Phone no		1) 389-6401	_
Ma	y the					e? (see instructions	s)			- 	X Yes N	0
						see the separate in			TEEA0113	L 12/2		109

	1990 (2009) Mt Bachelor Rotary Club	93-10	1/64	6		age 2
<u> 20</u>	Statement of Program Service Accomplishments					
1	Briefly describe the organization's mission:					
	The club provides service to the community and an opportunity fo	r member	s to	gat	her	
	for educational and general interest meetings.					
_						
2	Did the organization undertake any significant program services during the year which were not listed or	n the prior	_		_	
	Form 990 or 990-EZ?		Ш	Yes	[X]	No
	If 'Yes,' describe these new services on Schedule O.		_			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	rvices?		Yes	X	No
•	If 'Yes,' describe these changes on Schedule O.		ш		لنت	
			_			
4	Describe the exempt purpose achievements for each of the organization's three largest program service and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants are	es by expens	es. Se	ction 5	DI(C)(3) 3
	expenses, and revenue, if any, for each program service reported.	iu anocation	5 to ou	1013, t	ile lok	21
48	a (Code: \$\) (Expenses \$\) 103,379. including grants of \$\) 44,267.)	(Revenue	\$)
	The club provides service to the community and an opportunity fo			gat	her	
	for educational and general interest meetings.					~
				· ·		
					_	
						
Δŀ	(Code:) (Expenses \$ including grants of \$)	Revenue	Ś			`
7.	· · · · · · · · · · · · · · · · · · ·					
		. -				
	·					
A -	c (Code:) (Expenses \$ including grants of \$)	Pavanua	ė			`
→ (Coode	(Ueseline	٧			,
					=	
			 -			
		. 				
				-		
4	d Other program services. (Describe in Schedule O.)					
	(Expenses \$ including grants of \$) (Revenue	Ś)	
4	e Total program service expenses ► 103, 379.	•				

Form 990 (2009) Mt Bachelor Rotary Club 93-1017646 Page 3 Partity Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 1 X 2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 X X 4 5 X Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, X Part I. 6 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III . . . 8 X Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Х 9 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? I 10 X Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X 11 Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in • Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X 12 Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete 12AWas the organization included in consolidated, independent audited financial statement for the tax No Yes year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 13 14a Did the organization maintain an office, employees, or agents outside of the United States? . . 14a **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If 'Yes,' complete Schedule F, Part l* 14b X 15 16 X 17 17 X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 18 X

20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H

19

20

X

Parally Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II. 21 X Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III. 22 Х Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Х X 24a 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c 24d X 25a b is the organization 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 25b X Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II. ... X 26 X 27 Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): X a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV... 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete 28b Х X 28c Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M...... 29 X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I . . . X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N. Part II..... 32 Х X 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, X 34 X 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 36 36 37 37 X Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? 38 X Note. All Form 990 filers are required to complete Schedule Q 38

BAA

Form **990** (2009)

		Y	es	No
	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			31 7
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		,,
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		į	
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		<u>x</u>
b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3Ь_	_	
4a	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)?	4a		_X_
Ŀ	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.			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> X</u>
t	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		_ <u>X</u> _
C	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Х
Ł	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6Ь		
7	Organizations that may receive deductible contributions under section 170(c).		~~	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	of 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
	If 'Yes,' indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	_	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		<u> </u>
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	79		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			1. 12.5
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make any distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		ï	- 1
	Section 501(c)(12) organizations. Enter:			
	Gross income from other members or shareholders			
t	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	of Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			

BAA

Form **990** (2009)

Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	ction A.	Governing Body and Management					
						Yes	No
		number of voting members of the governing body		1a 13			
	b Enter the	number of voting members that are independent.	<u> [</u>	1b	4		
2	Did any o officer, di	fficer, director, trustee, or key employee have a fam ector, trustee or key employee?	ily relationship or a business re	elationship with any other	2		X
3	Did the o	ganization delegate control over management duties , directors or trustees, or key employees to a manag	s customarily performed by or u	inder the direct supervision	3		x
4		ganization make any significant changes to its organ			4		X
		prior Form 990 was filed?			l i		
5	Did the o	ganization become aware during the year of a mate	rial diversion of the organization	n's assets?	_5_		<u>X</u> _
6	Does the	organization have members or stockholders?			6		<u>X</u> _
7	a Does the governing	organization have members, stockholders, or other p	persons who may elect one or r	more members of the	7a		X
	b Are any o	ecisions of the governing body subject to approval b	by members, stockholders, or of	ther persons?	7b		X
8	Did the o	ganization contemporaneously document the meeting:	ngs held or written actions unde	ertaken during the year by		1	
		ning body?			8a		X
		mittee with authority to act on behalf of the governing			8ь		Х
		ny officer, director or trustee, or key employee listed on's mailing address? If 'Yes,' provide the names at			9		Х
		Policies (This Section B requests inform	nation about policies not i	required by the Interna	/		
Rev	enue Code)				T., T	
10	a Does the	organization have local chapters, branches, or affilia	ates?		10 a	Yes	No X
		pes the organization have written policies and proce			1.00		
	and bran	hes to ensure their operations are consistent with the	nose of the organization?		10b		
		rganization provided a copy of this Form 990 to all n		-	11	SV 6397 327 5	X
		n Schedule O the process, if any, used by the organ					84-W
		organization have a written conflict of interest policy			12a	X	
	to conflic				12b		X
	c Does the Schedule	organization regularly and consistently monitor and O how this is done	enforce compliance with the po	olicy? If 'Yes,' describe in	12c		X
13	Does the	organization have a written whistleblower policy?			13		X
14	Does the	organization have a written document retention and	destruction policy?		14		X
15	Did the p persons,	ocess for determining compensation of the following comparability data, and contemporaneous substantia	g persons include a review and ation of the deliberation and de	approval by independent cision?			
	a The orga	ization's CEO, Executive Director, or top manageme	ent official		15 a		X
	b Other off	cers of key employees of the organization			15 b		X
	If 'Yes' to	line 15a or 15b, describe the process in Schedule C	D. (See instructions.)				
	entity dui	ganization invest in, contribute assets to, or participing the year?			. 16a		X
	b If 'Yes,' h in joint vi status wi	as the organization adopted a written policy or proce nture arrangements under applicable federal tax law h respect to such arrangements?	edure requiring the organization w, and taken steps to safeguard	n to evaluate its participation the organization's exempt	161		
Se		Disclosures					
17	List the s	ates with which a copy of this Form 990 is required	to be filed > None				
18	Section 6	104 requires an organization to make its Forms 102. Indicate how you make these available. Check all	3 (or 1024 if applicable), 990, a that apply.	and 990-T (501(c)(3)s only)	avaılal	ole for	public
	Own	website Another's website	Upon request				
19	Describe statemer	in Schedule O whether (and if so, how) the organizates available to the public.	ation makes its governing docur	ments, conflict of interest po	licy, a	nd fina	ancial
20		name, physical address, and telephone number of t			janiza	tion:	
	► <u>Sonia</u>	Andrews 63142 NE Layton Ave Ben	d OR 97701 541-312-	4902			

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

 \overline{X} Check this box if the organization did not compensate any current officer, director, or trustee. (A) (c) **(B)** Œ) **(F)** (D) Position (check all that apply) Reportable compensation from the organization (W-2/1099-MISC) Estimated amount of other Name and Title Average Reportable hours per week compensation from related organizations (W-2/1099-MISC) Former Officer Individual trustee nstitutional trustee Key employee Highest compensated director organization and related organizations Maureen Rogers 0. President 0 0 0 Tom Achterman 0 Secretary 0 0 0. Sonia Andrews 0 0. Treasurer 0 0 Dan Steelhammer Past President 0 0 0 0.

Part VII Section A. Officers, Directors, Trus (A)	(B)	7			c)			(D)	(E)	(F)
Name and Title	Average	Posi	tion (•	•	that a	(vlaa	, ,	Reportable	Estimated
realie bla Tide	hours per week			Officer		Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	compensation from related organization (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
			<u> </u> 							
			<u> </u>							
1b Total	<u></u>	<u> </u>	<u></u>	<u></u>	<u></u>	<u></u>	>	0.	<u></u>	0. 0
2 Total number of individuals (including but not limite from the organization ► 0	d to tho	se lı	stec	d ab	ove)) wh	o red	ceived more than	\$100,000 in rep	Yes No
 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it. 4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater to 	ndıvıduz	el.,	٠.		٠			ī		3 X
ındıvıdual	• • • • • •		•		٠.		٠			. 4 X
5 Did any person listed on line 1a receive or accrue of rendered to the organization? If 'Yes,' complete Sc Section B. Independent Contractors	hedule .	J for	suc	om a	any erso	unre n	erate	ed organization to	r services	. 5 X
 Complete this table for your five highest compensation from the organization. 	ted inde	pen	dent	cor	ntra	ctors	s tha	t received more t	han \$100,000 of	
Name and business address	is				-			Description	of Services	(C) Compensation
					_					
2 Total number of independent contractors (including \$100,000 in compensation from the organization ▶		lımı	ted	to ti	nose	e list	ted a	above) who receiv	ved more than	

Par	t VIII Statement of Revenue		,			
		-	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
NATS	1a Federated campaigns 1a b Membership dues 1b	69,059.	-	revenue		312, 310, 31
S S	c Fundraising events 1c					
F &	d Related organizations 1d				•	- "
SE.	e Government grants (contributions) . 1e				, ,	
FH	f All other contributions, gifts, grants, and similar amounts not included above			,	- ;	
題を			,			
SE	· · · · · · · · · · · · · · · · · · ·		69,059.		,	
نيا	h Total. Add lines 1a-1f	Business Code	69,039.			· · · · · · · · · · · · · · · · · · ·
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	2a					
8	f All other program service revenue.					
P.RO	g Total. Add lines 2a-2f				. talkala	流。 设立的 2008年
	3 Investment income (including dividends other similar amounts)	, interest and	1,172.	1,172.		
i	4 Income from investment of tax-exempt	bond proceeds ►				
	5 Royalties					
	(i) Real	(ii) Personal				
	6a Gross Rents					
[b Less. rental expenses					
	c Rental income or (loss)			<u>Ti alamandin i</u>	7 A . C	
	d Net rental income or (loss) (i) Securities	(ii) Other		MARKET SERVICE		
	7 a Gross amount from sales of assets other than inventory.	(ii) Guer				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)	<u> </u>	E	<u> </u>	6 7 · 4 · 1	1 8 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	d Net gain or (loss)	· · · · · · · · · · · · · · · · · · ·				
NUE	8a Gross income from fundraising events (not including \$					
Ě	of contributions reported on line 1c).		16 " 13 1 " L			
OTHER REVENU		52,327.				
Ŧ	b Less: direct expenses		39,232.	39,232.		
i	c Net income or (loss) from fundraising of 9a Gross income from gaming activities.		39,232.	39,232.		
	See Part IV, line 19					
	c Net income or (loss) from gaming activ			<u> </u>	 	
	· · · · · ·		-			
	10a Gross sales of inventory, less returns and allowances	4,807.	4			
	b Less: cost of goods sold			 		1 200
	c Net income or (loss) from sales of inve	ntory •	1,308.	 	 	1,308.
		ризпи55 СОД	 	 	 	<u> </u>
	11a		<u> </u>			
	c		 		 	
	d All other revenue		 			
	e Total. Add lines 11a-11d					
	12 Total revenue. See instructions		110,771.	40,404.	0	1,308.

Partil Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).										
Do 1	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	36,453.	36,453.								
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22										
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	9,279.	9,279.								
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees .	0.	0.	0.	0.						
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.						
7	Other salaries and wages										
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions).										
9	Other employee benefits										
10	Payroll taxes										
	Fees for services (non-employees)										
	Management		 								
											
	Legal										
	: Accounting										
	Lobbying										
е	Prof fundraising svcs. See Part IV, In 17										
f	Investment management fees		<u> </u>								
g	Other										
12	Advertising and promotion										
13	Office expenses										
14	Information technology										
15	Royalties										
16	Occupancy										
17	* 1										
18	Payments of travel or entertainment expenses for any federal, state, or local public officials										
	Conferences, conventions, and meetings	<u> </u>			<u> </u>						
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization										
23	Insurance										
24	Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)										
a	Club meals	28,078.	28,078.								
Ŀ	Club activities	22,097.	20,405.	1,692.							
(Rotary Int'l dues and expenses	4,999.	4,999.								
	District dues and expenses	2,770.	2,770.								
	Youth exchange program	1,395.	1,395.								
	All other expenses										
	Total functional expenses. Add lines 1 through 24f	105,071.	103,379.	1,692.	0.						
	Joint costs. Check here ► If following		1		† 						
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.										
BAA		·		· · · · · · · · · · · · · · · · · · ·	Form 990 (2009)						

`		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	34,567.	1	45,098.
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	4,380.	5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1))			The state of the s
	and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L .		6	
7 8	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or other basis 10a	3-9 W. B. B.		
1	Complete Part VI of Schedule D			
Ь	Less: accumulated depreciation		10 c	
11	Investments – publicly-traded securities	59,765.	11	59,144.
12	Investments – other securities See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)		16	104,242
17	Accounts payable and accrued expenses		17	201/212
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	5		21	
	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
†			22	
23	of Schedule L		23	
.	Unsecured notes and loans payable to unrelated third parties		24	
	· · · · · · · · · · · · · · · · · · ·		25	875
25 26	Other liabilities. Complete Part X of Schedule D		+=-	
+=-	Total liabilities. Add lines 17 through 25	1,046.	26	875
	Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29 and lines 33 and 34.		41	
27	Unrestricted net assets	97,666.	27	103,367
28	Temporarily restricted net assets		28	
	Permanently restricted net assets		29	
₽	Organizations that do not follow SFAS 117, check here ► and complete			
	lines 30 through 34.	图 9 图 图 图	111	设施 第二条
30	Capital stock or trust principal, or current funds		30	
- 1	Paid-in or capital surplus, or land, building, and equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
31 32 33 34	Total net assets or fund balances.		33	103,367
34	Total liabilities and net assets/fund balances	98,712.		104,242
	Total national and net additional datafoed	1 70,112.		Form 990 (200

$\mathcal{L}^{\underline{\omega}}$	rmancial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 \cdot $\overline{\mathrm{X}}$ Cash $\overline{}$ Accrual $\overline{}$ Other		λ. ·	.
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2 8	a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		_X
1	b Were the organization's financial statements audited by an independent accountant?	2b		X
(c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
•	d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both.			
	Separate basis Consolidated basis Both consolidated and separate basis	1.13	133	美
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		х
- 1	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

BAA

Form 990 (2009)

SCHEDULE D (Form 990)

Supplemental Financial Statements

20

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

orange day

OMB No 1545-0047

... _ . _ . . _ .

Employer Identification number

ML	bacheror Rotary Club		93-1017646
Par	Organizations Maintaining Donor	Advised Funds or Other Similar Fund	
	the organization answered 'Yes' to	Form 990, Part IV, line 6.	O OT MOOGATION COMPLETE II
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		(a) to the distance described
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
_	_		<u> </u>
5	Did the organization inform all donors and dono funds are the organization's property, subject to	the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors used only for charitable purposes and not for the purpose conferring impermissible private benefit.	s, and donor advisors in writing that grant funds be benefit of the donor or donor advisor or for ar it??	may be ny other Yes No
Pa	Conservation Easements Complete		
	Purpose(s) of conservation easements held by		7. O
•	Preservation of land for public use (e.g., re	· · · · ·	an historically important land area
	Protection of natural habitat	· · · · · · · · · · · · · · · · · · ·	certified historic structure
	Preservation of open space		cortined material structure
2	Complete lines 2a through 2d if the organization last day of the tax year.	n held a qualified conservation contribution in th	ne form of a conservation easement on the
	last day of the tax year.		Held at the End of the Year
,	Total number of conservation easements		2a
	Total acreage restricted by conservation easem		
	Number of conservation easements on a certific		
	Number of conservation easements included in	• •	
	Number of conservation easements modified, tr		
3	year	ansierred, released, extinguished, or terminated	by the organization during the tax
		reproduction accomment in located A	
4	Number of states where property subject to con		
5	Does the organization have a written policy reg and enforcement of the conservation easement	arding the periodic monitoring, inspection, hand it holds?	lling of violations, Yes No
6	Staff and volunteer hours devoted to monitoring during the year ►	-	
7	Amount of expenses incurred in monitoring, ins during the year ►	specting, and enforcing conservation easements	\$
8	Does each conservation easement reported on 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements of sect	ion — —
	170(h)(4)(B)(i) and $170(h)(4)(B)(ii)?$		No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote to conservation easements.	conservation easements in its revenue and expensi the organization's financial statements that de-	e statement, and balance sheet, and scribes the organization's accounting for
Pa	Organizations Maintaining Collec	tions of Art. Historical Treasures. or C	Other Similar Assets
بتسبي	Complete if the organization answ	vered 'Yes' to Form 990, Part IV, line 8	.
16	If the organization elected, as permitted under treasures, or other similar assets held for publi- the text of the footnote to its financial statemer	c exhibition, education, or research in furtheran	
l	If the organization elected, as permitted under		nd balance sheet works of art, historical ce of public service, provide the following
	_	line 1	▶\$
	(i) Revenues included in Form 990, Part VIII, i(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of an amounts required to be reported under SFAS 1	t, historical treasures, or other similar assets for	
	Revenues included in Form 990, Part VIII, line		
	Assets included in Form 990, Part X		

-						
Schedule D (Form 990) 2009 Mt Ba				93-101		Page 2
Partill Organizations Maintai	ning Colle	ections of Art, Hist	orical Treasures, o	or Other Similar Ass	ets (conti	nued)
3 Using the organization's acquisiting items (check all that apply):	on accession	and other records, che	eck any of the following	that are a significant us	e of its colle	ction
a Public exhibition		d ☐ Loan	or exchange programs	;		
b Scholarly research		e Othe				
c Preservation for future genera	ations	- []				
4 Provide a description of the organ Part XIV.		lections and explain ho	w they further the orga	inization's exempt purpo	se in	
5 During the year, did the organizat assets to be sold to raise funds re	tion solicit or ather than to	receive donations of a be maintained as part	rt, historical treasures, of the organization's c	or other similar ollection?	Yes	No
Part V. Escrow and Custodial 9, or reported an amou	Arrangen	nents Complete if	organization answe	ered 'Yes' to Form 9	90, Part I	V, line
1a Is the organization an agent, trus included on Form 990, Part X?				ther assets not	☐ Yes	——— □No
b If 'Yes,' explain the arrangement					□	□•
z ii vee, explain ale arrangement		and complete the lonest	ing table.		Amount	
c Beginning balance				1c	Amount	
d Additions during the year				1d		
e Distributions during the year				1e		
f Ending balance				1f		
				· · <u></u>	TV	No
2a Did the organization include an a		rm 990, Part X, line 21	· · · · · · · · · · · · · · ·		Yes	∐ио
b If 'Yes,' explain the arrangement		raanization anaive	and IVani da Carra C	000 Ded IV line 10		
Part V Endowment Funds Cor						
4.0	(a) Current	t year (b) Prior ye				years back
1a Beginning of year balance		 				
b Contributions						
c Net Investment earnings, gains, and losses						
d Grants or scholarships	 					
e Other expenditures for facilities and programs.						
f Administrative expenses						436
g End of year balance						
2 Provide the estimated percentage	of the year	end balance held as:				
a Board designated or quasi-endow	ment ►	ક				
b Permanent endowment ►	 8					
c Term endowment ►	8					
3a Are there endowment funds not in organization by:	n the posses:	sion of the organization	that are held and adn	ninistered for the	Ye	es No
(i) unrelated organizations					. 3a(i)	
(ii) related organizations						
b If 'Yes' to 3a(ıı), are the related o					. 3b	
4 Describe in Part XIV the intended		· · · · · · · · · · · · · · · · · · ·			. 55	
Part VII Investments—Land, B				Y line 10		
Description of investment		(a) Cost or other basis		(c) Accumulated	(d) Bool	k Value
Description of investment		(investment)	(b) Cost or other basis (other)	Depreciation	(u) 5001	n value
1a Land		 				
b Buildings			 			
-1 - 1-11 1		 	 			

BAA

Schedule **D** (Form 990) 2009

0.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Schedule I	D (Form 990) 2009	Mt Bachelor Rotar	y Club		93-1017646	Page 3
		-Other Securities See Fo	orm 990, Part X, III			
	(a) Description of (including na	security or category ame of security)	(b) Book value	(c) ! Cost or e	Method of valuation and-of-year market value	
Financial of	derivatives					
Closely-he	eld equity interests					
Other						
			<u> </u>	ļ		
			<u> </u>			
			ļ			
			·	ļ		
			ļ	Ļ		
			ļ	 		
			ļ	ļ		
T-1-1 (0-1-				<u> </u>		1, 3
		m 990 Part X, col. (B) line 12.) ► -Program Related (See	Form 000 Dod V	100 12) N/A	· · · · · · · · · · · · · · · · · · ·	, , , ,
Tart VIII					Make all of valuation	
	(a) Description	of investment type	(b) Book value	Cost or e	Method of valuation and-of-year market value	
			}			
				<u> </u>		
				<u> </u>	<u></u>	
			 	, , , , , , , , , , , , , , , , , , , ,	**************************************	10 Set 1
		1 990, Part X, Col. (B) line 13)	line 15) N7/1		17. 美工程 三条	
Fart IA	J Other Assets	(See Form 990, Part X,		<u>, </u>	(4) Da	ale sealure
		(a) De	escription		(b) Bo	ok value
						
						
						
						
						
						
			· · · · · · · · · · · · · · · · · · ·			
Total. (Co	olumn (b) must eq	ual Form 990, Part X, col.(B), i	line 15)		>	
Part X	Other Liabili	ties (See Form 990, Part	X, line 25)			
	(a) Descr	ption of Liability	(b) Amount	ρ.		
Federal In	come Taxes				•	ř
Paul H	larris Payab	le	8	75.		
					•	
						
					,	
					•	
						
	 					
						
		200 2	-			
		n 990, Part X, col. (B) line 25) ►		75.		<u> </u>
2. FIN 48 for uncerta	Footnote. In Part 3 ain tax positions u	XIV, provide the text of the fool inder FIN 48.	tnote to the organizatio	n's financial statements	that reports the organizat	ion's liability

Schedule D (Form 990) 2009 Mt Bachetor Rotary Club		5-101/646 Page 4
Pantx Reconciliation of Change in Net Assets from Form 990 to F		N/A
1 Total revenue (Form 990, Part VIII, column (A), line 12)		
2 Total expenses (Form 990, Part IX, column (A), line 25)		· ··
3 Excess or (deficit) for the year. Subtract line 2 from line 1		
4 Net unrealized gains (losses) on investments		· ··
5 Donated services and use of facilities		
6 Investment expenses		
7 Prior period adjustments		· ·
8 Other (Describe in Part XIV)		
9 Total adjustments (net). Add lines 4 through 8		· · · <u> </u>
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3		
Part深順 Reconciliation of Revenue per Audited Financial Statement	ts With Revenue per R	eturn N/A
1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments.	2a	
b Donated services and use of facilities.	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV)	2d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	4 (5)
a Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV)		
c Add lines 4a and 4b		4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Part XIII Reconciliation of Expenses per Audited Financial Stateme		
1 Total expenses and losses per audited financial statements		
2 Amounts included on line 1 but not on Form 990, Part IX, line 25.		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	7.5
Other leases	2c	
d Other (Describe in Part XIV)		
e Add lines 2a through 2d	·	2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	i i	
	امما	
	4a 4b	-
b Other (Describe in Part XIV)		
c Add lines 4a and 4b		4c
5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)		. 5
是antitoty and Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pa line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d a	rt III, lines 1a and 4; Part IV	/, lines 1b and 2b; Part V,
line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d a Information.	and 4b. Also complete this p	art to provide any additional
*		

Schedule D (Form 990) 2009 Mt Bachelor Rotary Club	93-1017646	Page 5
Schedule D (Form 990) 2009 Mt Bachelor Rotary Club Part (NV Supplemental Information (continued)		
·		
		- -
		
		

Schedule F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions.

Employer identification number

<u>Mt</u>	Bachelor Rotary C	lub			93-10176	46
Pa	General Informat to Form 990, Part	ion on Activiti	es Outside th	e United States. Complet	e if the organization	answered 'Yes'
						
1	For grantmakers. Does the grantees' eligibility for the	e organization mai grants or assistan	ntain records to s ce, and the selec	substantiate the amount of the tition criteria used to award the	grants or assistance, the grants or assistance?.	e Yes No
2	For grantmakers. Describe	n Part IV the org	ganization's proce	edures for monitoring the use of	f grant funds outside the	United States.
3	Activities per Region. (Use	Schedule F-1 (Fo	orm 990) if additio	onal space is needed.)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
						
				-		
			<u> </u>			
_		-				
		-				
-						
			!			

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

Schedule F (Form 990) (2009)

Page 2 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Schedule F-1 (Form 990) if additional space is needed. 93-1017646 Mt Bachelor Rotary Club Schedule F (Form 990) 2009

Part II

(i) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2009 (h) Description of non-cash assistance Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. (g) Amount of non-cash assistance (f) Manner of cash disbursement (e) Amount of cash grant 9,279 (d) Purpose of grant assistance **Hurricane** (c) Region Various (b) IRS code section and EiN (if applicable) A Constitution ъ . 現 こうしかい 3°C 4 0 ċ c **5**5 ۴ ţ, ٠, ÷ ; ٠., . . . 5 °'1 3 Enter total number of other organizations or entities 1 ,i ÷ (a) Name of organization

Schedule F (Form 990) 2009 Mt Bachelor Rotary Club

Resistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

Page 3

0.000		ממונים ומ	acco is licoacci.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
ВАА			TEEA3503L 07/06/09			Schedule F	Schedule F (Form 990) 2009

Schedule F	(Form 990) 2009 Mt Bachelor Rotary Club	93-1017646	Page 4
	Supplemental Information		
	Complete this part to provide the information required in Part I, line 2, and any additional infor	mation.	
•			
			
 			
_ _			
		. 	
 =			. :
_			

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

OMB No 1545-0047

2009



Name of the organization						Employer identifica	tion number	
Mt Bachelor Rotary Club 93-1017646								
Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Parties: Form 990EZ filers are not required to complete this part.								
1 Indicate whether the organization								
Mail solicitations				Solicitation of non-				
Internet and email solicitations	:			Solicitation of gove	_	-		
Phone solicitations	•			X Special fundraising		-		
				A Special fullulaising	EVELICS			
In-person solicitations Did the organization have written organization have written organization have written organization. Pair and provided in Form 990, Pair and Pa	or oral agreeme	ent with an	y individu	al (including officers, di	rectors,	trustees or key	Yes	XNo
b If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the	dividuals or en	tities (fund	•	•				
	Γ΄	T			(v) Ai	mount paid to		
(i) Name of individual	(ii) Activity	(iii) Did	fundraiser dy or control	(iv) Gross receipts		retained by)	(vi) Amount p	aid to
or entity (fundraiser)		of contr	ibutions?	from activity	lunar	aiser listed in col.(i)	(or retained organizati	
	 	Yes	No	, - ,- ,	 	55(7		
		162	140					
)			'	ľ			
	ļ	 			ļ			
					Ì		İ	
		 			ļ			
	ļ]	[ļ	ļ			
	<u> </u>	<u> </u>			<u> </u>			
	1	l	[.					
		1						
							ļ	
				,				
	 	 			 			
	ļ				ļ		ļ	
	 	 	 -		 			
	1		ì		}		}	
	 	ļ		 	<u> </u>			
]]]	
	 		<u> </u>				<u> </u>	
					L			
					1			
Total			▶	<u> </u>	l		<u> </u>	0.
3 List all states in which the organiz	ation is registe	red or lice	nsed to so	olicit funds or has been	notified	it is exempt fro	m registration	
or licensing.								

		reported more than \$15,000 on F	orm 990-EZ, line 6	a. List events with	gross receipts gre	ater than \$5,000.	
-	, "		(a) Event #1 Special events	(b) Event #2 Solicitations	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))	
EV		İ	(event type)	(event type)	(total number)		
REVEZUE	1	Gross receipts	46,084.	6,243.	· · · · · · · · · · · · · · · · · · ·	52,327.	
-	2	Less: Charitable contributions				<u> </u>	
	3	Gross income (line 1 minus line 2)	46,084.	6,243.		52,327.	
	4	Cash prizes					
D	5	Noncash prizes			: 		
D I R E C T	6	Rent/facility costs					
	7	Food and beverages					
X P E	8	Entertainment					
EXPERSES	9	Other direct expenses	13,095.			13,095.	
3	10	Direct expense summary. Add lines 4- ti					
Đã	11 11	Net income summary. Combine lines 3, or Gaming. Complete if the organization	column (d) and line 10	ol to Form 000 Do	+ IV line 10 or re	39,232.	
REE	2.22.1.2	\$15,000 on Form 990-EZ, line 6a	adon answered Te	is to Form 990, Pai	rt IV, line 19, or re	eported more than	
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))	
Ñ						1	
	1	Gross revenue					
D X	2	Cash prizes					
DIRECT	3	Non-cash prizes					
Š	4	Rent/facility costs			· · · · · · · · · · · · · · · · · · ·		
	5	Other direct expenses		:		}	
			Yes%	Yes%	Yes%		
	6	Volunteer labor	No	No	No	 	
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d) .		•	·	
	8	Net gaming income summary. Combine I	ines 1, column (d) and	line 7		•	
			·			YES NO	
9		er the state(s) in which the organization op					
a Is the organization licensed to operate gaming activities in each of these states?							
	bit No, explain:						
10.							
		re any of the organization's gaming license 'es,' explain:	es revokea, suspendea	or terminated during the	e tax year?	. 10a	
11	 Doe	s the organization operate gaming activities				11	
12	ls th	ne organization a grantor, beneficiary or tr	ustee of a trust or a me	ember of a nartnership of	or other entity formed	to and and	
RAA		ninister charitable gaming?	TEFA37021			12	

Schednie @ (Loum aan of aan-ES) 500a Mr. Pachetot L	totary Club	_93-101/646) P	age 3
,			YES	NO
13 Indicate the percentage of gaming activity operated in.				
a The organization's facility				_
b An outside facility				
14 Enter the name and address of the person who prepare	s the organization's gaming/special eve	ents books and records:		
			· }	
Name: •				
Address: -				
15a Does the organization have a contact with a third party			15a	
b If 'Yes,' enter the amount of gaming revenue received by		and the amount		
of gaming revenue retained by the third party \$	 -			
c If 'Yes,' enter name and address of the third party:				1,5
Name: •				
Address:				1
				7 2
16 Gaming manager information				
No				
Name: ►				Fr. A. 3.
Coming manager companyation b \$				
Gaming manager compensation \$				4
Description of convince provided:				
Description of services provided.				
Director/officer Employee	Independent contractor			
	Independent contractor		重制等	
17 Mandatory distributions				10
·				
a Is the organization required under state law to make ch state gaming license?	aritable distributions from the gaming p	roceeds to retain the	17a	
b Enter the amount of distributions required under state is				
organization's own exempt activities during the tax year		,		
BAA	TEEA3703L 02/05/10	Schedule G (Form 990	or 990-EZ) 2009

BAA

SCHEDULE I

Department of the Treasury Internal Revenue Service

Governments and Individuals in the United States

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.

Attatch to Form 990.

Grants and Other Assistance to Organizations,

1545-0047	60
OMB No.	20

Schedule 1 (Form 990) 2009 % X (h) Purpose of grant or assistance **A** Bartila Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form Employer Identification number Yes 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use 93-1017646 (g) Description of non-cash assistance . (f) Method of valuation (book, FMV, appraisal, other) : : o. ö (e) Amount of non-cash assistance : Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 8,886 (d) Amount of cash grant 12,443 Part IV and Schedule I-1 (Form 990) if additional space is needed. Enter total number of section 501(c)(3) and government organizations... (c) IRC section if applicable Particul General Information on Grants and Assistance (B) EIN 3 Enter total number of other organizations. Bachelor Rotary Club 1 (a) Name and address of organization 1375 NW Kingston Ave or government Boys and Girls Club 500 NW Wall St Bend, OR 97701 Name of the organization Kids Center___ Bend, OR 97701

TEEA3901L 02/10/10

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

Page 2 Schedule I (Form 990) 2009 Mt. Bachelor Rotary Club Bachelor Rotary Club Bachelor States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance **Batilive** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

BAA

Schedule I (Form 990) 2009

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

2009

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Open to Public

Name of the organization	Employer identification number
Mt Bachelor Rotary Club	93-1017646
Form 990, Part VI, Line 11 - Form 990 Review Process	
No review was or will be conducted.	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	

Schedule <b>0</b> (Form 990) 2009  Name of the organization	Page <b>2</b>
	Employer identification number
Mt Bachelor Rotary Club	93-1017646
,	·
_ <u></u>	