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Total liabilities (describe ►

**Short Form** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

2009Open to Public

OMB No 1545-1150

Department of the Treasury Inspection ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service . 20 A For the 2009 calendar year, or tax year beginning 2009, and ending June 30, 10 C Name of organization D Employer identification number B Check if applicable Please use IRS Address change Rotary Club of Truckee 94-2675501 Name change Number and street (or P O box, if mail is not delivered to street address) onnt or E Telephone number Initial return type 530-550-8821 Terminated Specific City or town, state or country, and ZIP + 4 F Group Exemption Amended return Application pending tions Truckee, CA 96160 Number ▶ Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) ▶ H Check ▶ ☐ if the organization is **not** I Website: ▶ required to attach Schedule B (Form 990, 990-EZ, or 990-PF) J Tax-exempt status (check only one) — ☐ 501(c) ( 4 ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 K Check F 🔲 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 116,938 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 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I) Contributions, gifts, grants, and similar amounts received 1 2 Program service revenue including government fees and contracts 3 35,284 Membership dues and assessments 3 4 185 Investment income 5a Gross amount from sale of assets other than inventory 5a Less cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)

Special events and activities complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ □ Gross revenue (not including \$ of contributions reported on the 1) OCT 0 1 2 111 Control of the Less direct expenses other than full draining expenses 80.769 15278 . . . . Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . 6c 65,491 Gross sales of inventor Dies Neturns and allowances . . 7a 7a b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7с C 8 Other revenue (describe ▶ 8 100.960 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 Grants and similar amounts paid (attach schedule) . CxhiaiT 10 10 78,987 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 13 13 Professional fees and other payments to independent contractors . 14 Occupancy, rent, utilities, and maintenance 14 2200 1021 15 Printing, publications, postage, and shipping . . . 15 16 21,123 Other expenses (describe ► Exhibit 2 16 17 103,331 17 Total expenses. Add lines 10 through 16 . 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 (3,371)Net Assets 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 46,042 20 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 43,671 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (B) End of year (See the instructions for Part II) (A) Beginning of year 36,062 22 119,341 22 Cash, savings, and investments 23 23 Land and buildings 9980 24 Other assets (describe ► Exhibit 3 9880 24 46,042 25 129,321 25 Total assets . .

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

Exhibit 4 Net assets or fund balances (line 27 of column (B) must agree with line 21)

Cat No 10642I

Form 990-EZ (2009)

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46,042 27

85,650

43,671

|      | ,  |                                      |                                   |  |         | , ugo <b>=</b>                |
|------|--|--------------------------------------|-----------------------------------|--|---------|-------------------------------|
| Par  | <del> </del>   |                                      | uctions for Part II               | l.)  |         | Expenses                      |
|      | is the organization's primary exempt purpose?                        |                                      |                                   | ured for section                                 |         |                               |
|      | ribe what was achieved in carrying out the org                       |                                      |                                   |  |         | (3) and 501(c)(4)             |
|      | ner, describe the services provided, the number o<br>program title.  | f persons benefited, and c           | other relevant info               | rmation for                                      | 4947    | (a)(1) trusts, optional hers) |
|      | Con Eulahit 1  |                                      |                                   |  | 1-0.0   | 110.0 /                       |
| 20   | See Exhibit 1  |                                      | •                                 |  |         |                               |
|      |  |                                      |                                   |  |         |                               |
|      |  | includes foreign grants, che         |                                   |  | 28a     | 103,331                       |
| 29   |  |                                      |                                   |  | 1       | -                             |
|      |  |                                      |                                   |  |         |                               |
|      |  |                                      |                                   |  |         |                               |
|      | (Grants \$ ) If this amount  | includes foreign grants, che         | eck here                          | . ▶ 🔲  | 29a     |                               |
| 30   |  |                                      |                                   |  |         |                               |
|      |  |                                      |                                   |  | ļ       |                               |
|      | /Cropto \$   |                                      |                                   |  | 20-     |                               |
| 21   | (Grants \$ ) If this amount Other program services (attach schedule) | includes foreign grants, che         | eck nere                          | . P 🗀  | 30a     |                               |
| 31   | · ·  | includes foreign grants, che         | eck here                          | ▶ □  | 31a     |                               |
| 32   | Total program service expenses (add lines 28a t                      |                                      |                                   | · · · •  | 32      | 103,331                       |
| Par  |  |                                      |                                   |  | instruc |                               |
|      | (a) Name and address   | (b) Title and average hours per week | (c) Compensation<br>(If not paid, | (d) Contribution                                 | ons to  | (e) Expense account and       |
|      | (a) Name and address   | devoted to position                  | enter -0)                         | deferred compe                                   | nsation | other allowances              |
|      | n Wellise  | President, 5 hours                   |                                   |  |         |                               |
|      | 8 Allenby Way, Truckee, CA 96161                                     |                                      | 0                                 |  | 0       | 828.93                        |
|      | y Harry  | Secretary, 3 hours                   | _                                 |  |         | 500.04                        |
|      | Box 34019, Truckee, CA 96160<br>Kucharski                            |                                      | 0                                 |  | 0       | 599 21                        |
|      | 7 Donner Pass Road, Truckee, CA 96161                                | Treasurer, 6 hours                   | 0                                 |  | 0       | 0                             |
| 120- |  |                                      | <u>~</u>                          |  |         |                               |
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|      |  | · <del></del>                        |                                   |  |         |                               |
|      |  | İ                                    | i .                               | 1  |         | i                             |

| Part | Other information (Note the statement requirements in the instructions for Part V)   |        |        |          |
|------|--|--------|--------|----------|
|      |  |        | Yes    | No       |
| 33   | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity   | 33     |        | ✓        |
| 34   | Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes   | 34     |        | 1        |
| 35   | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T   |        |        |          |
| а    | Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?   | 35a    |        | ✓        |
| b    | If "Yes," has it filed a tax return on Form 990-T for this year?   | 35b    | · ···- |          |
| 36   | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  | 36     |        | 1        |
| 37a  | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a   |        |        |          |
| b    | Did the organization file Form 1120-POL for this year?   | 37b    |        | ✓        |
| 38a  | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?  | 38a    |        | 1        |
| b    | If "Yes," complete Schedule L, Part II and enter the total amount involved   |        |        |          |
| 39   | Section 501(c)(7) organizations. Enter   |        |        |          |
| а    | 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 ▶   |        |        |          |
| b    | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b    |        | ✓        |
| С    | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958   |        |        |          |
| d    | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization  |        |        |          |
| е    | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T   | 40e    |        | 1        |
| 41   | List the states with which a copy of this return is filed. ▶ California  |        |        |          |
| 42a  | The organization's books are in care of ▶ Cathy Harry, Secretary Telephone no. ▶   | 530-58 | 7-907  | 5        |
|      | Located at ► 10800 Donner Pass Road, Truckee, CA ZIP + 4 ►   | 961    | 161    |          |
| b    | At any time during the calendar year, did the organization have an interest in or a signature or other authority   |        |        | •        |
|      | over a financial account in a foreign country (such as a bank account, securities account, or other financial  |        | Yes    | No       |
|      | account)?  | 42b    |        | ✓        |
|      | 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.  |        |        |          |
| С    | 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: ▶  | 42c    |        | ✓        |
| 43   | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here  | _      | . 1    | ▶ □      |
|      | and enter the amount of tax-exempt interest received or accrued during the tax year  |        |        |          |
|      |  |        | Yes    | Nο       |
| 44   | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of   |        |        |          |
|      | Form 990-EZ  | 44     |        | 1        |
| 45   | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ  | 45     |        | 1        |
|      |  |        |        | <u> </u> |

| Part V   | Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and                                      | <b>ection 4947(a)(1) none</b><br>7(a)(1) nonexempt char<br>d 51.        | exempt charita<br>ritable trusts mu             | <b>ble trusts only.</b> A ust answer question | II sect    | ion<br>–49b                  | ,        |
|--|---|---|---|---|------------|------------------------------|----------|
|  | Did the organization engage in direct or indirect   |   | ies on behalf of                                | or in opposition to                           |            | Yes                          | No       |
|  | candidates for public office? If "Yes," complete S  |   |   |   | 46         |                              |          |
|  | Did the organization engage in lobbying activities  |   |   |   | 47<br>48   |                              |          |
| <ul> <li>48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E</li> <li>49a Did the organization make any transfers to an exempt non-charitable related organization?</li> </ul> |   |   |   |   |            |                              |          |
|  |   | -   | _   |   | 49a        |                              |          |
|  | If "Yes," was the related organization a section 5.<br>Complete this table for the organization's five hig  |   |   | officers directors                            | 49b        | 0.000                        | <u> </u> |
|  | employees) who each received more than \$100,0  |   |   |   |            |                              | ı ve     |
|  | (a) Name and address of each employee paid more than \$100,000  | (b) Title and average<br>hours per week<br>devoted to position          | (c) Compensation                                |   | (e)<br>acc | Expens<br>ount ar<br>allowar | nd       |
|  | Total number of other employees paid over \$100   |   |   |   |            |                              |          |
|  | Complete this table for the organization's five h<br>\$100,000 of compensation from the organization<br>(a) Name and address of each independent contractor | n If there is none, enter "N  | None "  | Type of service                               | (c) Com    |                              |          |
|  |   |   |   |   |            |                              |          |
| d  | Total number of other independent contractors e   | ach receiving over \$100,0  | 000 . ▶   |   |            |                              |          |
| Sian   | Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete Declaration   | d this return, including accompa<br>of preparer (other than officer) is | nying schedules and s<br>based on all informati | on of which preparer has                      | any kno    | knowle<br>wledge             | dge      |
| Sign<br>Here   | Lac.  |   |   | 5-58-1  | 0          |                              |          |
| Here   | Signature of officer  |   |   | Date  |            |                              |          |
|  | Paul Kucharski, Treasurer   |   |   |   |            |                              |          |
|  | Type or print name and title  |   | <del></del>                                     |   |            | _                            |          |
| Paid<br>Prepare  | Preparer's signature  | Date  | Check if self-<br>employed ▶ [                  | Preparer's identifying nur                    | nber (See  | instruct                     | ions)    |
| Use On   | 1 FIRST STATE OF A  |   |   | EIN ►   |            |                              |          |
|  | address, and ZIP + 4  |   |   | Phone no                                      | 1 >4       |                              |          |
| iviay th   | e IRS discuss this return with the preparer shown   | above / See instructions  |   | , P L   | Yes        |                              | 10       |

#### 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

| Name of the organization   |                                      |                                      | -   |   | Employer identif   | ication number  |  |
|--|--------------------------------------|--------------------------------------|---|---|--|---|--|
| Rotary Club of Truckee   |                                      |                                      |   |   | 94   | 2675501   |  |
| Part I Fundraising Activitie Form 990-EZ filers ar   | es. Complete<br>e not required       | of the organd to comp                | nization a<br>lete this p   | answered "Yes" to<br>part.  | o Form 990, Pa   | rt IV, line 17.   |  |
| <ul> <li>Indicate whether the organization</li> <li>Mail solicitations</li> <li>Internet and email solicitation</li> <li>Phone solicitations</li> <li>In-person solicitations</li> <li>Did the organization have a writt or key employees listed in Form</li> <li>If "Yes," list the ten highest pair</li> </ul> | en or oral agree<br>990, Part VII) o | e f g verment with a por entity in c | Solicitati<br>Solicitati<br>Special f<br>any individi<br>connection | on of non-government on of government of undraising events ual (including office) with professional f | ent grants<br>grants<br>s, directors, truste<br>undraising service         | ees<br>ss? ∐ Yes ✔ No                                   |  |
| to be compensated at least \$5,  | 000 by the org                       | anization                            |   | , parasani at agree   |  |   |  |
| (i) Name of individual or entity (fundraiser)  | (II) Activity                        | custody o                            | draiser have<br>r control of<br>outions?                            | (iv) Gross receipts from activity   | (v) Amount paid to<br>(or retained by)<br>fundraiser listed in<br>col. (i) | (vi) Amount paid to<br>(or retained by)<br>organization |  |
|  |                                      | Yes                                  | No  |   |  |   |  |
|  |                                      |                                      |   |   |  |   |  |
|  |                                      |                                      |   |   | •  |   |  |
|  |                                      |                                      |   |   |  | -   |  |
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|  |                                      |                                      |   |   |  |   |  |
| 42   |                                      |                                      |   |   |  |   |  |
| 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  California  |                                      |                                      |   |   |  |   |  |
|  |                                      |                                      |   |   |  |   |  |
|  |                                      |                                      |   |   |  | •   |  |
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|  |                                      |                                      |   |   |  |   |  |
|  |                                      |                                      |   |   |  |   |  |

Schedule G (Form 990 or 990-EZ) 2009 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. (c) Other events (a) Event #1 (b) Event #2 (d) Total events **Dinner Dance** County Fair Booth (add col (a) through 3 col (c)) (event type) (event type) (total number) Revenue 99,422 23,551 25,940 148,913 Gross receipts . Less. Charitable 60,000 2,000 6,144 68,144 contributions Gross income (line 1 minus line 2) 39,422 17,407 23, 940 80,769 10,000 0 0 10,000 Cash prizes 0 0 0 0 Noncash prizes 3,000 4,745 0 7,745 Rent/facility costs Direct Expenses 28,212 10,376 11,825 Food and beverages 50,413 1,450 0 0 Entertainment 1,450 2,782 0 12,496 15,278 Other direct expenses 84,886) Direct expense summary Add lines 4 through 9 in column (d) Net income summary Combine line 3, column (d), and line 10 (4,117)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 (d) Total gaming (add (c) Other gaming Revenue col (a) through col (c)) bingo/progressive bingo Gross revenue Expenses Cash prizes Noncash prizes Direct Rent/facility costs Other direct expenses ☐ Yes ☐ Yes Yes Ш No No Volunteer labor Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 Yes No Enter the state(s) in which the organization operates gaming activities. 9a a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain: 10a 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? **b** If "Yes," explain:

Does the organization operate gaming activities with nonmembers?

formed to administer charitable gaming?

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity

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| Page 3 |     |  |  |  |  |  |
|--------|-----|--|--|--|--|--|
| Yes No |     |  |  |  |  |  |
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| 6      |     |  |  |  |  |  |
| S      |     |  |  |  |  |  |
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|        |     |  |  |  |  |  |
| g      | 15a |  |  |  |  |  |
| -      |     |  |  |  |  |  |

|     |   |     | Yes    | No |
|-----|---|-----|--------|----|
|     | Indicate the percentage of gaming activity operated in:  The organization's facility  An outside facility  The agree and address of the percent the agreement of the percent the agreement of the percent the agreement of the percent |     |        |    |
| 14  | Enter the name and address of the person who prepares the organization's gaming/special events books and records.  Name   |     | :<br>: |    |
|     | 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 ▶ \$  |     |        |    |
| С   | 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   |     |        |    |
| а   | 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 ► \$  |     |        |    |

Schedule G (Form 990 or 990-EZ) 2009

Schedule G (Form 990 or 990-EZ) 2009

### 94-2675501

Exhibit 1

Form 990EZ, Part III, Line 28

2009-10 Grants & Allocations

| Literacy Project              | 133.00    |
|-------------------------------|-----------|
| Nevada County Fair            | 11,139.63 |
| Community Contributions       | 36,413.13 |
| Blood Drive                   | 708.89    |
| Sierra Senior Services        | 12,000.00 |
| Senior Luncheon               | 1,740.00  |
| Interact Club                 | 375.00    |
| Truckee Rotary Foundation     | 6,832.00  |
| Rotary Youth Exchange         | 1,797.00  |
| RYLA Camp                     | 1,554.77  |
| Scholarships                  | 3,500.00  |
| Intraclub community donations | 1,889.00  |
| Speech/Music Contest          | 400.00    |
| International Service         | 505.00    |
|                               | 78,987.42 |
|                               |           |

2009

94-2675501

Exhibit 2

Form 990EZ, Part I, Line 16 Other Expenses

|                                 |           | Program   | Mgmt &   |
|---------------------------------|-----------|-----------|----------|
| Description                     | Total     | Service   | General  |
| Chamber of Commerce             | 165.00    | 165.00    |          |
| Blue Bead pmt.                  | 420.00    | 420.00    |          |
| Bank Service Charges            | 148.00    |           | 148.00   |
| District Activities             | 963.00    | 963.00    |          |
| Dues-District                   | 5,840.00  | 5,840.00  |          |
| Dues-R.I.                       | 6,840.00  | 6,840.00  |          |
| Insurance                       | 690.00    |           | 690.00   |
| Miscellaneous Expense           | 3,110.35  |           | 3,110.35 |
| President                       | 828.93    | 828.93    |          |
| President Elect                 | 877.38    | 877.38    |          |
| Secretary/Treasurer expenses    | 599.21    | 599.21    |          |
| Web/LTOL                        | 641.24    |           | 641.24   |
| Total Club Service Expenditures | 21,123.11 | 16,533.52 | 4,589.59 |

2009

94-2675501

Exhibit 3

Form 990EZ, Part II, Line 24 Equipment

| Asset                                | Basis    | Accum Depr |   | Book Value |
|--------------------------------------|----------|------------|---|------------|
| Equipment                            | 9,980.08 |            | 0 | 9,980.08   |
| Projector, Computer, Sound sys. etc. |          |            |   |            |

2009

94-2675501

Exhibit 4

Form 990EZ, Part 2, Line 26 Total Liabilities

During the 2009-2010 Tax year, \$85 650.00 was collected as advance payment for expenses due during the 2010-2011 tax year.

2009

94-2675501

Exhibit 5

Form 990EZ, Part 3 Organization Purpose

The Truckee Rotary Club meets weekly to organize and run various events and activities ro raise funds that are used to help support community charitable needs. See attached Exhibit 1 for list of grants and allocations.