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A For the 2009 calendar year, or tax year beginning 07-01-2009, and ending 06-30-2010				
B Check if applicable	Please use IRS label or print or type. See Specific Instructions.	C Name of organization ROTARY INTERNATIONAL JUNEAU GASTINEAU ROTARY CLUB		D Employer identification number 94-3098686
Address change		Number and street (or P O box, if mail is not delivered to street address) Room/suite PO BOX 22235		E Telephone number (907) 790-5127
Name change		City or town, state or country, and ZIP + 4 JUNEAU, AK 99802		F Group Exemption Number 0573
Initial return				
Terminated				
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 type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶	
I Website: ▶ http://www.clubrunner.ca/CPrg/Home/homeD.asp?cid=386		H Check <input checked="" 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)(4) ◀ (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 ▶ \$ 77,205			

Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)
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Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	37,861
	3	Membership dues and assessments	3	10,562
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory 5a		
	b	Less cost or other basis and sales expenses 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input checked="" type="checkbox"/>	6c	14,390
	a	Gross revenue (not including \$ _of contributions reported on line 1) 6a		
b	Less direct expenses other than fundraising expenses 6b	14,331		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		
Expenses	7a	Gross sales of inventory, less returns and allowances 7a		
	b	Less cost of goods sold 7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe <input checked="" type="checkbox"/>)	8	61
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	62,874
	10	Grants and similar amounts paid (attach schedule) <input checked="" type="checkbox"/>	10	22,295
	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	
Net Assets	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe <input checked="" type="checkbox"/>)	16	46,126
	17	Total expenses. Add lines 10 through 16	17	68,421
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-5,547
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	37,847
	20	Other changes in net assets or fund balances (attach explanation) <input checked="" type="checkbox"/>	20	-2,149
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	30,151

Part II Balance Sheets—If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	41,344	22 34,689
23	Land and buildings		23
24	Other assets (describe  _____)		24
25	Total assets	41,344	25 34,689
26	Total liabilities (describe   _____)	3,497	26 4,538
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	37,847	27 30,151

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? TO ENCOURAGE AND FOSTER THE IDEAL OF SERVICE AS A BASIS OF WORTHY ENTERPRISE			
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, and other relevant information for each program title			
28 See Additional Data Table			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	
29			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	
30			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	
31 Other program services (attach schedule)			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	37,928

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

Part V		Other Information (Note the statement requirements in the instructions for Part V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity			33	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes			34	No
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?			35a	No
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	No
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?			37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . .			38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved .		38b		
39	Section 501(c)(7) organizations. Enter				
a	Initiation fees and capital contributions included on line 9		39a		
b	Gross receipts, included on line 9, for public use of club facilities		39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____				
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	No
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			40e	No
41	List the states with which a copy of this return is filed ▶ AK				
42a	The organization's books are in care of ▶ The Organization			Telephone no ▶ (907) 790-5127	
	PO BOX 22235				
	Located at ▶ JUNEAU, AK			ZIP + 4 ▶ 99802	
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)?			42b	No
	If "Yes," enter the name of the foreign country ▶ _____				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?			42c	No
	If "Yes," enter the name of the foreign country ▶ _____				
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶			43	
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.			44	No
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	No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

50(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

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

Please Sign Here	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.			
	***** Signature of officer		2011-04-19 Date	
Paid Preparer's Use Only	julie olson TREASURER Type or print name and title			
	Preparer's signature	Robert L Rehfeld	Date 2011-04-19	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4			Preparer's identifying number (See instructions)
	ELGEE REHFELD MERTZ LLC 9309 GLACIER HWY STE B-200 JUNEAU, AK 99801			EIN Phone no (907) 789-3178
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

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

Open to Public Inspection

Name of the organization
ROTARY INTERNATIONAL JUNEAU GASTINEAU ROTARY CLUB

Employer identification number
94-3098686

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

- 1

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

a

☐ Mail solicitations

e

☐ Solicitation of non-government grants

b

☐ Internet and e-mail solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations
- 2a

Did the organization have a 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 activities?

☐ Yes

☐ No
- 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. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
			SPRING BULB FUNDRAISER	(event type)	(total number)	(Add col (a) through col (c))
			(event type)			
	1	Gross receipts	26,546			26,546
	2	Less Charitable contributions				
Direct Expenses	3	Gross income (line 1 minus line 2)	26,546			26,546
	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	12,915			12,915
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶				12,915
	11	Net income summary Combine lines 3, column d, and line 10. ▶				13,631

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.

Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
						(Add col (a) through col (c))
Direct Expenses	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 ▶				

		Yes	No
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?	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers?	11	
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?	12	

		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 contract with a third party from whom the organization receives gaming revenue?	15a	
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c	If "Yes," enter name and address		
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		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$		

TY 2009 Grants and Similar Amounts Paid Schedule**Name:** ROTARY INTERNATIONAL JUNEAU GASTINEAU ROTARY CLUB**EIN:** 94-3098686

Item No.	1
Class of Activity	
Donee's Name	ROTARY DISTRICT 5010
Donee's Address	3350 COMMERCIAL DRIVE STE 100 ANCHORAGE, AK 99501
Amount (FMV)	3,380
Purpose of Payment to Affiliate	DISTRICT ANNUAL DUES
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	
Donee's Name	ROTARY INTERNATIONAL
Donee's Address	1560 SHERMAN AVENUE EVANSTON, IL 60201
Amount (FMV)	15,092
Purpose of Payment to Affiliate	FOUNDATION CONTRIBUTIONS
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	
Donee's Name	ROTARY INTERNATIONAL
Donee's Address	1560 SHERMAN AVENUE EVANSTON, IL 60201
Amount (FMV)	3,823
Purpose of Payment to Affiliate	ANNUAL DUES
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2009 Other Changes in Net Assets Schedule

Name: ROTARY INTERNATIONAL JUNEAU GASTINEAU ROTARY CLUB

EIN: 94-3098686

Description	Amount
PRIOR PERIOD ADJUSTMENT TO NET ASSETS	-2,149

TY 2009 Other Expenses Schedule**Name:** ROTARY INTERNATIONAL JUNEAU GASTINEAU ROTARY CLUB**EIN:** 94-3098686

Description	Amount
CONFERENCES	6,378
COMMUNITY SERVICE ACTIVITIES	5,985
VOCATIONAL SERVICE ACTIVITIES	2,000
NEW GENERATION SERVICE ACTIVITIES	6,184
CLUB ADMINISTRATION	8,197
CLUB SERVICE ACTIVITIES	17,382

TY 2009 Other Liabilities Schedule

Name: ROTARY INTERNATIONAL JUNEAU GASTINEAU ROTARY CLUB

EIN: 94-3098686

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS PAYABLE	3,497	4,538

TY 2009 Other Revenues Schedule

Name: ROTARY INTERNATIONAL JUNEAU GASTINEAU ROTARY CLUB

EIN: 94-3098686

Description	Amount
INTEREST	61

**TY 2009 Transfers Personal Benefits
Contracts Declaration**

Name: ROTARY INTERNATIONAL JUNEAU GASTINEAU ROTARY CLUB

EIN: 94-3098686

Declaration: The organization did not, during the year, receive any funds, directly,or indirectly, to pay premiums on a personal benefit contract.The organization, did not, during the year, pay any premiums, directly,or indirectly, on a personal benefit contract.

Additional Data

Software ID:

Software Version:

EIN: 94-3098686

Name: ROTARY INTERNATIONAL JUNEAU GASTINEAU ROTARY CLUB

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

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, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
28 NEW GENERATIONS, PROGRAMS GEARED TOWARD YOUTH, INCLUDING ROTARY YOUTH LEADERSHIP, AND YOUTH EXCHANGE PROGRAMS (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	6,184
29 COMMUNITY SERVICE, GLORY HOLE MEAL PREPARATION, ANNUAL DAY AT THE LAKE FISHING EVENT, WEST JUNEAU PARK DEVELOPMENT, HOLIDAY ADOPT A FAMILY GIFT PACKAGE, AND CONTRIBUTION TO PILLARS LUNCHEON (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	5,985
30 VOCATIONAL SERVICE- SCHOLARSHIPS (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	2,000
CLUB AND INTENATIONAL SERVICE, ACTIVITIES ASSOCIATED WITH MEETINGS, EXPENSES TO MAINTAIN CLUB ADMINISTRATION, ATTEND TRAINING, CONFERENCES AND CONVENTIONS AND ACTIVITIES TO PROMOTE ROTARY FELLOWSHIP (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		23,759

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
LINDA BLEFGEN PO BOX 22235 JUNEAU,AK 99802	PRESIDENT 2 00	0	0	0
ROSEMARY HAGEVIG PO BOX 22235 JUNEAU,AK 99802	PAST PRESIDENT 2 00	0	0	0
JOHN ROBERTSON PO BOX 22235 JUNEAU,AK 99802	PRESIDENT ELECT 2 00	0	0	0
JOHN PUGH PO BOX 22235 JUNEAU,AK 99802	VICE PRESIDENT 2 00	0	0	0
ED STOKES PO BOX 22235 JUNEAU,AK 99802	SECRETARY 2 00	0	0	0
JULIE OLSON PO BOX 22235 JUNEAU,AK 99802	TREASURER 2 00	0	0	0
CANDY BEHREND PO BOX 22235 JUNEAU,AK 99802	BOARD MEMBER 2 00	0	0	0
KEVIN RITCHIE PO BOX 22235 JUNEAU,AK 99802	BOARD MEMBER 2 00	0	0	0
COLLEEN TORRENCE PO BOX 22235 JUNEAU,AK 99802	BOARD MEMBER 2 00	0	0	0