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Wha Desc man	till Statement of Program Service Accompted to the organization's primary exempt purpose? The what was achieved in carrying out the organization, describe the services provided, the number of program title.	Sec Attachment anization's exempt purpo	ses in a clear a	nd concise	501(c (vgan	Expenses introd for section (3) and 501(c)(4) izations and section ((1) trusts, optional hers.)
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33 Did the organization engage in any activity not previously reported to the IRS? If "Yes" attach a delailed description of each activity. 34 Wore any changes made to the organizary or governing document? If "Yes," attach a conformed copy of the changes. 35 If the organization have uncellated business activities, such as those reported on lines 2, 6a, and 74 tamying cliers, but not reported on Form 990-T, attach a statement explaining why the organization during the protein the number of Form 990-T of this year? 36 Did the organization have uncellated business gross income of \$1,000 or more or was it subject to section 6338] entotics, reporting, and proxy tax requirements? 37 Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 1372 38 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete explicitable pairs of Schedule N 38 Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 1372 39 Did the organization borrow from, or make any losins to, any officer, director, trustee, or key employed or were any such losins made in a prior vex and still obstanding at the eriod of the period covered by this return? 39 Section 501(c)(?) organizations. Enter amount of tax interests the eriod of the period covered by this return? 39 Section 501(c)(?) organizations. Enter amount of tax imposed on the organization during the year under section 4912 + sect	Part	Other Information (Note the statement requirements in the instructions for Part V.)		F	ogr 3
33 Ut the organization engage in any activity not previously reported to the IRS? If "Yes" attach a dehalled description of each activity. 34 Wore any changes made to the organizang or governing document?? If "Yes," attach a conformed copy of the changes. 35 If the organization and mome from business activitios, such as those reported on lines 2, 6a, and 74 tamong others), but not report to not report the income on Form 590-T, attach a stalement explaining why the organization direct report the income on Form 590-T, attach a stalement explaining why the organization direct reporting, and proxy lax requirements? 35 Did the organization have unrelated business gross mome of \$1,000 at more or was it subject to section 6033(s) notice, reporting, and proxy lax requirements? 36 Did the organization unriergo a liquination, dissolution, termination, or significant disposition of net assets during the year 17 "Yes," activities of complete specialization of the tale of the year? 370 Bid the organization unriergo a liquination, dissolution, termination, or significant disposition of net assets during the year 17 "Yes," complete Specially parts of the transport of the period covered by this return? 386 Did the organization borrow from, or make any loans to, any officer, director, frustee, or key employed on were any such loans made in a prior year and still outstanding at the end of the period covered by this return? 387 Section 501(c)(2) organizations included on line 9 and still outstanding at the end of the period covered by this return? 388 Did the organization borrow from, or public use of club facilities 389 Section 501(c)(3) and 501(c)(4) organizations but the organization engage in any section 4955 >> 380 Section 501(c)(3) and 501(c)(4) organizations. Duct the organization engage in any section 4955 >> 380 Section 501(c)(3) and 501(c)(4) organizations. Duct the organization engage in any section 4955 >> 380 Section 501(c)(3) and 501(c)(4) organizations. Duct the organization and party to a prohibition		Other information (Note the statement requirements in the instructions for Part V.)		<u> </u>	l Nin'
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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. e All organizations. At any time during the fax year, was the organization a party to a prohibitud lax shelter transaction? If "Yes," complete Form 8886-T. 40e 41 List the states with which a copy of this return is filed. 42a The organization's books are in care of ▶ Bill Snedecor. Located at ▶ PO Box 1018, Wickenburg AZ 52P 4 ▶ 65358 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, serunties account, or other financial account)? If "Yes," order 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? If "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt chaintable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year. 42c ✓ 43 Section 4947(a)(1) nonexempt chaintable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year. 44 ✓ 53 Section 501(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ. 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.	b	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	40b		1
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	45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			
				-EZ	

Part \	Section 501(c)(3) organizations and	section 4947(a)(1) none	xempt charitab	ole trusts only. A	li sec	tion 3–491	
	501(c)(3) organizations and section 49 and complete the tables for lines 50 ar	47(a)(1) nonexempt char nd 51.		st allswell questio	7170 -		
46	Did the organization engage in direct or indirect	t political campaign activiti	es on behalf of a	r in apposition to		Yes	No
	candidates for public office? If "Yes," complete		•	1	46		- ✓
	Did the organization engage in lobbying activities				47		✓
8 9a	Is the organization a school as described in section Did the organization make any transfers to an expension of the organization of the organizati	on 170(b)(1)(A)(ii)? If "Yes," (omplete Schedule	Έ,,	48		✓,
	If "Yes," was the related organization a section if		organization?		49a 49b		-/
	Complete this table for the organization's five h		vees (other than o	officers, directors		لــــــــــــــــــــــــــــــــــــ	ci key
	employees) who each received more than \$100,	000 of compensation from	the organization	If there is none, en	ler "N	one "	
	(a) Name and address of each employee paid more then \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred componsation	aci	Expen allowe	nd
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f	Tatal washing of allow and allowed fit Of		J	<u> </u>	 .		
1	Total number of other employees paid over \$100 Complete this table for the organization's five \$100,000 of compensation from the organization	highest compensated inde	ependent contract	eois who cach rec	alved	more	thai
1	Complete this table for the organization's five	highest compensated inde in If there is none, enter "N	ependent contractions "	pe of service		more	
1	Complete this table for the organization's five \$100,000 of compensation from the organization	highest compensated inde in If there is none, enter "N	ependent contractions "			····	
i1	Complete this table for the organization's five \$100,000 of compensation from the organization	highest compensated inden if there is none, enter "N	ependent contractions " (b) Ty			····	
i1	Complete this table for the organization's five \$100,000 of compensation from the organization. (a) Name and address of each independent contractor.	highest compensated inden if there is none, enter "N	ependent contractions " (b) Ty			····	
1	Complete this table for the organization's five \$100,000 of compensation from the organization. (a) Name and address of each independent contractor.	highest compensated inde in If there is none, enter "N goo, 0.11 a.m. in the one	ependent contractions " (b) Ty			····	
1	Complete this table for the organization's five \$100,000 of compensation from the organization. (a) Name and address of each independent contractor.	highest compensated inde in If there is none, enter "N goo, 0.11 a.m. in the one	ependent contractions " (b) Ty			····	
51	Complete this table for the organization's five \$100,000 of compensation from the organization. (a) Name and address of each independent contractor.	highest compensated indentify there is none, enter "N paid more than \$100,000 paid more than \$100,000 paid more than \$100,000 paid in receiving over \$100,000 paid this return, including accompared this return, including accompared.	pendent contractions " (b) Ty (b) Ty	pe of service	(c) Con	' knowl	nige
d	Complete this table for the organization's five \$100,000 of compensation from the organization (a) Name and address of each independent contractors. Total number of other independent contractors. Under penalties of perjury. I declare that I have examinant belief, it is true, correct, and complete Declaration.	highest compensated indentify there is none, enter "N paid more than \$100,000 paid more than \$100,000 paid more than \$100,000 paid in receiving over \$100,000 paid this return, including accompared this return, including accompared.	pendent contractions " (b) Ty (b) Ty	pe of service	(c) Co	' knowl	nign
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SCHEDULE G (Form 990 or 990-EZ)

9286845006

OMB No 1545-0047

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete # the organization enswered "Yes" to Form 000, Part IV, lines 17, 18, or 19, or if the organization entered more than \$16,000 on Form 990-EZ, line 6s

Attach to Form 990 or Form 990-EZ > See reparate instructions Department of the Transury internal Revenue Service

2009
Open To Public Inspection

ne of the organization ickenburg Rotary Club				Employer Identif	cation number 3395283
Fundraising Activit	ties. Complete	if the organization a	inswered "Yes"		
Form 990-EZ mers					
Indicate whether the organiza	tion raised funds	— T			y.
Mail solicitations			on of non-governn		
Internet and email solicita	tions		on of government	grante	
Phone solicitations		g 🗹 Special f	undraising events		
In-person solicitations					
 Did the organization have a wr or key employees tisted in For 	itten or oral agree	ement with any individu	ial (including office	ers, directors, truste	es
o If "Yes," list the ten highest p to be compensated at least \$	5.000 by the ord	r entities (fundraisers, lahization.	pursuant to agre	emenia under whic	in me lungraiser is
		-\			
(i) Name of individual	(ii) Activity	(m) Did fundraiser have	(iv) Gross recoipts	(v) Amount paid to	(vi) Amount paid to
or ontity (lundraiser)		contributions?	from activity	(or retained by) fundraiser listed in	(or relained by) organization
		<u> </u>	·		<u> </u>
		Yes No			}
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List all states in which the org	janization is regi	stered or licensed to	solicit funds or h	has been notified I	t is exempt from
registration or licensing					
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Ø6/2	8/2012	03:39	9286845006
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	Caband.d.	- C /E 200 -	DDD E70 DDDD

	rt (Fundraising Events. Co	amplete of the eventure	10 manuage (11/2-11 t	- F 000 D-+ 11/ L	- 10			inge Z
	1	more than \$15,000 on F	form 990-EZ, line 6a L	ist events with gross r	eceipts greater than \$	ne 16, 01 5.000.	rep	orted	1
			(a) Event #1	(b) Event #2	(c) Other events		olal ev	ents	
			Bar Tending	Annual Dinner	3	ladd co		hrough	1
ō			(evnnt typn)	(event type)	(tota) number)	 			
nua.	4	Cross the sinte	11143	14425	4729			3/	0297
Revenue	1 2	Gross receipts Loss: Charitable	<u></u>			† -		``	1201
	_	contributions , ,							
	3	Gross income (line 1	44449	44455					
	-	minus line 2)	11143	14425	4729			30	0297
	4	Cash prizes		7439				7	7439
	}								
	5	Noncash prizes			760_				760_
₁	6	Rent/facility costs	1511	150		}		4	1661
nse		Herioracinty costs							
Xpe	7	Food and beverages	5424		1200	 		13	3528
Direct Expenses	8	Entertainment , , ,				}			
Çire		Entertainment, , .			 	†			
	9	Other direct expenses ,	500		L		,		687
	10	Direct expense summary Ad	ld lines 4 through 0 in or	alumo (d)		1		241	075)
	11	Net income summary. Comb			• • • • • • • • • • • • • • • • • • •	 `			6222
Ρą	rt l	Gaming. Complete if	the organization answ	vered "Yes" to Form	990, Part IV, line 19,	or repo	ortec	l moi	rę
		than \$15,000 on Form							
nue	İ		(a) Binga	(h) l'uli tabs/instant bingo/progressive bingo	(c) Other gaming	(d) To	tul gal throu	gh col gh col	(c))
						†			
<u> </u>	1	Gross revenue .							
		Canta anti-us				ļ			
ınse	2	Cash prizes , .				 	-`		
ž,	3	Noncash prizes			ļ				 .
Direct Expenses						}			
Orre	4	Rent/facility costs .				 			
	5	Other direct expenses .							
			☐ Yes %	☐ Yes %	☐ Yes%				
	6	Volunteer labor ,	No		No	·			
	7	Direct expense summary. Ac	id lines 2 through 5 in c	plumn (d)	.	L			1
		•	_		_				
	8	Net gaming income summar	y, Combine line 1, colun	nn a, and line / , ,	<u> </u>	<u> </u>		Vaa	No.
9	۲r	nter the state(s) in which the o	vraenization operatos da	iming activities		٢		168	NO
3		the organization licensed to c		-			9a		<u> </u>
b	lf '	"No," explain.				,		,	1
	• • • •						`]
10a	W	ere any of the organization's	gaming licenses revoker	d, suspended or termin	nated during the tax ver	ar"	10a		_<_
		"Yes," explain:	- -	,	J		,		1
11	Do	bes the organization operate g	aming activities with no	onmembars')			11_		1
12	ls	the organization a grantor, bo	eneficiary or trustee of a		a partnership or other	entity			
	tor	rmed to administer charitable	gaming		<u> </u>		12		
í.					Schadula G (f	-arm 940	Or Hi	*V-C4	.; <∪∪9

Sche	dule G (Form 990 or 990-EZ) 2009		Page 3
		Y	s No
1 3	Indicate the percentage of gaming activity operated in:	235	7-7
	The organization's facility	J.O. 2].	}
	An outside facility		1
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	-
þ	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," entor name and address of the third party:		
	Name ►		
	Address ►		
16	Gaming manager information:		54, 4 - 34 - 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Name ►		
,	Gaming manager compensation ► \$		
	Description of services provided 🕨	核心本	1
	☐ Director/officer ☐ Employee ☐ Independent contractor		200
17	Mandatory distributions:		;;;(*)
ā	is the organization required under state law to make charitable distributions from the garning proceeds to	170	
b	retain the state gaming license? 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 > \$	17a	

Schedulo G (Form 990 or 990-EZ) 2009

06/28/2012 03:39

Form 990-EZ

July 1, 2009 to June 30, 2010 Wickenburg Rotary Club

TIN: 95-339283

Attachment

Pg 1, Ln 10. **Grants or Similar Paid Amounts**

Town of Wickenburg Christmas Fund	\$500
Community Charities	\$652
Community Programs	\$350
Scholarships	\$3800
International Projects	\$3120
School Supplies	\$5651
Group Study Exchange	\$344
Graduation Night	\$250
Youth Exchange	\$3000

\$17667 Total Grants or Similar Amounts

Pg 1, Ln 16 Other Expenses

Bank Charges	\$21
Conference Fees	\$439
Rotary International Dues	\$2412
Other Dues	\$359
District Fees	\$1181
Leadership Training	\$642
Meeting Supplies	\$148
Office Supplies	\$35
РО Вох	\$100
Other Supplies	\$283
Rotarian Training	\$310

\$5930 Total Other Expenses

Pg 1, Ln 20 Other Changes in Net Assets or Fund Balances

\$4670 from 2008 Balance Sheet was designated as Restricted Funds for scholarships as promised to the original donor.

Pg 2, Pt III Organization's Primary Exempt Purpose

Wickenburg Rotary Club provides a service outlet for local professionals. Members promote local fundraisers fro school, community and athletic programs and also contribute to international service programs such as youth exchange