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efile GRAPHIC print - DO NOT PROCESS

A For the 2010 calendar year, or tax year beginning 07-01-2010

PO BOX 525

C Name of organization

ROTARY INTERNATIONAL THE ATCHISON ROTARY CLUB As Filed Data -

Number and street (or P O box, if mail is not delivered to street address) Room/suite

DLN: 93492306001311

D Employer identification number

48-6117769

E Telephone number

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

Check if applicable

Address change

Name change

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

Short Form

(except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

and ending 06-30-2011

Open to Public Inspection

Form **990-EZ** (2010)

_	eminat			(913) 3	67-2269	
_		City or town, state or country, and ZIP + 4		F Group Exemptio	n	
		on pending ATCHISON, KS 66002		Number 🟲		
						_
		ting method Cash Accrual Other (specify)				
		pt status(check only one)— 501(c)(3) 501(c)(4) ◄(insert no) 4947(a)(1) or 52	I .	l Check ► 🔽 i required to att		
	-Exem	pt status (check only one)—1	<u> </u>	(Form 990, 99		
		If the organization is not a section 509(a)(3) supporting organization and its A Form 990-EZ or Form 990 return is not required though Form 990-N (e-pos				
	•	or A Form 990-E2 or Form 990 return is not required though Form 990-N (e-pos Ition chooses to file a return, be sure to file a complete return	icard) m	iay be required (s	ee instr	uctions) But if the
		5b, 6c, and 7b, to line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if	total assets	s (Part II, line 25, col	ımn (B) b	
more,	, πie rt I	Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Ba	lances	/Coothounstruct	iono for	52,516
Pe	111.1	Check if the organization used Schedule O to respond to any question in this		(See the instruct	ions for	v
	1	Contributions, gifts, grants, and similar amounts received			1	1,500
	2	Program service revenue including government fees and contracts			2	
	3	Membership dues and assessments			3	17,349
	4	Investment income			4	268
	5a	Gross amount from sale of assets other than inventory	5a			
<u>o</u>	ь	Less cost or other basis and sales expenses	5b			
Revenue	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)				
ě	6	Gaming and fundraising events				
	а	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
	ь	Gross income from fundraising events (not including \$ 5,180 of contributions f	from fund	Iraising events		
		reported on line 1) (attach Schedule G if the sum of such gross income and co	ntributioi	ns exceed		
	_c	\$15,000)	_{6c}	2,289		
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b		•	6d	2,891
	7a	Gross sales of inventory, less returns and allowances	7a	.,		2,001
	Ь	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 in Schedule O)			8	28,219
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	50,227
	10	Grants and similar amounts paid (list in Schedule O)			10	12,356
	11	Benefits paid to or for members			11	
	12	Salaries, other compensation, and employee benefits			12	_
υ Δι	13	Professional fees and other payments to independent contractors			13	
Expenses	14	Occupancy, rent, utilities, and maintenance			14	77
×	15	Printing, publications, postage, and shipping			15	
ш	16	Other expenses (describe in Schedule O)			16	36,336
	17	Total expenses. Add lines 10 through 16			17	48,769
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	1,458
NetAssets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (m			+	2,.30
ą.		end-of-year figure reported on prior year's return)			19	22,641
Š	20	Other changes in net assets or fund balances (explain in Schedule O)			20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 .		▶	21	24,099
	1	,	-		ı I	/

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I

Part II Balance Sheets Check if the organization use	d Schedule O to respond to	any question in t	hıs Part II		
(See the instruc	tions for Part II)		(A) Beginning of year	Τ	(B) End of year
22 Cash, savings, and investments .			20,663	3 22	13,425
23 Land and buildings				23	
24 Other assets (describe in Schedule C))		3,580	24	13,010
25 Total assets			24,243	3 25	26,435
26 Total liabilities (describe in Schedule	0)		1,602	+ +	2,336
27 Net assets or fund balances (line 27 of	of column (B) must agree wit	th line 21) .	22,641	27	24,099
Check if the organization use What is the organization's primary exempted ENCOURAGE AND FOSTER THE IDEAL Describe what was achieved in carrying ordescribe the services provided, the number program title	d Schedule O to respond to purpose? OF SERVICE AS A BASIS out the organization's exempt	any question in t OF WORTHY ENT t purposes In a c	ERPRISE	(c) org - 49	Expenses quired for section 501 (3) and 501(c)(4) anizations and section 47(a)(1) trusts, ional for others)
28 WEEKLY LUNCHEON AND SOCIAL A (Grants \$) If th 29 SCHOLARSHIPS FOR LOCAL AND IN	is amount includes foreign (grants, check her S	e ▶ ┌	28a 29a	31,283
(Grants \$) If th	ııs amount ıncludes foreıgn (grants, check her	e ► 厂	30a	
31 O ther program services (describe in So (Grants \$)	chedule O) us amount includes foreign (grants, check her		31a	
32 Total program service expenses (add lii				32	43,93
Part IV List of Officers, Directors, Tr					
Check if the organization use (a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensa (If not paid enter -0)	tion (d) Contribution employee benefit p	s to plans 8	(e) Expense
See Additional Data Table					

Ра	rt v	Other Information (Note the statement requirements in the instr	· –			
		Check if the organization used Schedule O to respond to any question in this	Part V			N-
33		e organization engage in any activity not previously reported to the IRS? If "Y otion of each activity in Schedule O		33	Yes	No No
34	Were a	ny significant changes made to the organizing or governing documents? If "Yeamended documents if they reflect a change to the organization's name. Other alle O (see instructions)	es," attach a conformed copy wise, explain the change on	34		No
35	others	organization had income from business activities, such as those reported on li), but not reported on Form 990-T, explain in Schedule O why the organization 90-T	n did not report the income on			
а		e organization have unrelated business gross income of \$1,000 or more or wa or 501(c)(6) organization subject to section 6033(e) notice, reporting, and p	()())	35a		No
Ь	If"Yes	," has it filed a tax return on Form 990-T for this year? (see instructions) .		35b		
36		e organization undergo a liquidation, dissolution, termination, or significant dis ar? If "Yes," complete applicable parts of Schedule N	•	36		No
37a	Enter an	nount of political expenditures, direct or indirect, as described in the instructions	37a			
ь	Did the	e organization file Form 1120-POL for this year?		37b		No
38a	Did the	e organization borrow from, or make any loans to, any officer, director, trustee,	or key employee or were			
	any su	ch loans made in a prior year and still outstanding at the end of the tax year c	overed 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		1		
а	Initiati	on fees and capital contributions included on line 9	39a			
ь	Gross	receipts, included on line 9, for public use of club facilities	39b			
40a	Section	یں $501(c)(3)$ organizations. Enter amount of tax imposed on the organization during	ng the year under	1		
	section 4	4911 ▶, section 4912 ▶, section 4955 ▶	•			
	transa reporte	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any sect ction during the year or did it engage in an excess benefit transaction in a priced on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Page 101(c)(2) and 501(c)(4) are resolved.	or year that has not been art I	40b		No
	dısqua	n 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on org lified persons during the year under sections 4912, 4955, and 4958	-			
	organiz	n 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c rein zation	-			
	transa	anizations. At any time during the tax year, was the organization a party to a pr ction? If "Yes," complete Form 8886-T -		40e		Νο
41		states with which a copy of this return is filed KS				
42a	The or	rganization's books are in care of ► <u>JEFFERY THORNE</u> 107 N 6TH STREET	I elephone no	(91	.3)3/0	-4449
	Locate	ed at MATCHISON, KS	ZIP + 4	► 6	6002	
Ь	Atany	time during the calendar year, did the organization have an interest in or a sig	nature or other authority		Vac	T No
		financial account in a foreign country (such as a bank account, securities acc		42b	Yes	No No
		," enter the name of the foreign country 🕨				
	See th	e instructions for exceptions and filing requirements for Form TD F 90-22.1, Reial Accounts.				
c	Atany	time during the calendar year, did the organization maintain an office outside	of the US?	42c		No
	If "Yes	," enter the name of the foreign country			•	
43	Section	n 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1 er the amount of tax-exempt interest received or accrued during the tax year	041 —Check here	• •		▶ Γ
44a	Did the	e organization maintain any donor advised funds? <i>If "Yes", Form 990 must be c</i> o	ompleted instead of		Yes	No
	Form 9	90-EZ.		44a		No
b		e organization operate one or more hospital facilities during the year? <i>If 'Yes,'</i>	Form 990 must be completed			
c		l of Form990-EZ corganization receive any payments for indoor tanning services during the yea	ar?	44b		No
-		, , , , <u>,</u>		44c		No
d	If'Yes ın Sche	to line 44c, has the organization filed a Form 720 to report these payments?	If 'No,' provide an explanation			

	EZ (2010)							Page 4
							Yes	No
	y related organization a controlle Form 990 and Schedule R must be			fsection 512	2(b)(13)? <i>If</i>	45		No
	he organization receive any payn ning of section 512(b)(13)? <i>If 'Ye</i>		•			45a		No
	he organization engage, directly of ideas of the contract of t			ehalf of or in	opposition to	46		No
Part VI	Section 501(c)(3) orga	nizations and secti	on 4947(a)(1) non	exempt c	haritable tri		nly.	I NO
	All section 501(c)(3) organ 47-49b and 52.							stions
	Check if the organization used	Schedule O to respond	to any question in this F	Part VI .				
							Yes	No
17 Dıd t	he organization engage in lobbyir	ng activities? If "Yes," c	omplete Schedule C, Pa	rt II		47		
18 Is th	e organization a school described	d ın section 170(b)(1)(A)(II)? If "Yes," complete S	Schedule E		48		
19a Did the organization make any transfers to an exempt non-charitable related organization?						49a		
b If "Yo	es," was the related organization	a section 527 organizat	ion?			49Ь		
	plete this table for the organization							
· ·	oyees) who each received more t	han \$100,000 of compe (b) Title and average	nsation from the organiz		re is none, enter		: " :) Expe	ns e
	and address of each employee Id more than \$100,000	hours per week	(c) Compensation	employee b	enefit plans &	ac	count	and
		devoted to position		deferred c	ompensation	otne	r allowa	ances
50(f) Tot	al number of other employees na	ud over \$1.00.000				<u> </u>		
50(f) ⊤ot	al number of other employees pa	ıd over \$100,000 .				•		
6 1 Comp	plete this table for the organization	on's five highest compen	•	· · ·		►	an \$10	0,000
i1 Compofico		on's five highest compen If there is none, enter	'None "	,	each received m		an \$10	
i 1 Compofico	plete this table for the organization mpensation from the organization	on's five highest compen If there is none, enter	'None "	,				
i 1 Compofico	plete this table for the organization mpensation from the organization	on's five highest compen If there is none, enter	'None "	,				
61 Compofico	plete this table for the organization mpensation from the organization	on's five highest compen If there is none, enter	'None "	,				
i 1 Compofico	plete this table for the organization mpensation from the organization	on's five highest compen If there is none, enter	'None "	,				
1 Compofico	plete this table for the organization mpensation from the organization	on's five highest compen If there is none, enter	'None "	,				
i 1 Compofico	plete this table for the organization mpensation from the organization	on's five highest compen If there is none, enter	'None "	,				
51 Compofco	plete this table for the organization mpensation from the organization	on's five highest compen If there is none, enter	'None "	,				
of composition (a) N	plete this table for the organization mpensation from the organization	on's five highest compen If there is none, enter ndent contractor paid mo	'None " re than \$100,000	,				
61 Composition (a) N	plete this table for the organization mpensation from the organization ame and address of each independent of the organization complete Sche	on's five highest compen If there is none, enterndent contractor paid mo ontractors each receivir	'None " re than \$100,000 g over \$100,000	(b) Type	ofservice	(c) C	ompen	sation
(a) N (i) Tot (i) Tot mu	plete this table for the organization mpensation from the organization ame and address of each independent of the organization complete Schedule	on's five highest compen If there is none, enternated modernated	g over \$100,000	(b) Type	of service	(c) C	ritable 'es	trusts
(a) N (a) N (a) N (a) Tot (b) Tot (c) M (d) Tot (d) Tot (d) Tot (d) Tot (d) Tot (d) Tot (e) M (e) M (f) M	plete this table for the organization mpensation from the organization ame and address of each independent of the organization complete Scheist attach a completed Schedule lities of perjury, I declare that I have and belief, it is true, correct, and completed, and correct, and completed, it is true, correct, and completed schedule	on's five highest compendent of there is none, enterondent contractor paid modern on the contractors each received dule A? NOTE: All Sections A	'None " re than \$100,000 g over \$100,000 on 501(c)(3) organization luding accompanying sch	(b) Type	of service (a)(1) nonexen	npt cha	ritable 'es st of my	trusts No
i1 Composition of co (a) N i1(d) Tot i2 Did mu inder penal nowledge i	plete this table for the organization mpensation from the organization ame and address of each independent of the organization complete Scheist attach a completed Schedule lities of perjury, I declare that I have and belief, it is true, correct, and completed, and correct, and completed, it is true, correct, and completed schedule	on's five highest compendent of there is none, enterondent contractor paid modern on the contractors each received dule A? NOTE: All Sections A	'None " re than \$100,000 g over \$100,000 on 501(c)(3) organization luding accompanying sch	(b) Type	of service (a)(1) nonexen	npt cha	ritable 'es st of my	trusts No
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61 Composition of co (a) N 61(d) Tote 62 Diagram 62 mu 64 mu 65 mu 66 mu 66 mu 67 mu 68 mu 69 mu 60 mu	al number of other independent of the organization and address of each independent of the organization complete. Scheist attach a completed Schedule.	on's five highest compendent of there is none, enterondent contractor paid modern on the contractors each received dule A? NOTE: All Sections A	'None " re than \$100,000 g over \$100,000 on 501(c)(3) organization luding accompanying sch	(b) Type	c of service (a)(1) nonexen (a)(1) nonexen (b) (a)(1) nonexen (c) (a)(1) nonexen (d)	npt cha	ritable 'es st of my	trusts No
61 Composition of co (a) N 61(d) Tote 62 Dice mu ander penal nowledge anowledge.	plete this table for the organization mpensation from the organization ame and address of each independent of the organization complete Scheist attach a completed Schedule lities of perjury, I declare that I have and belief, it is true, correct, and complete is the organization complete Schedule lities of perjury, I declare that I have and belief, it is true, correct, and complete schedule lities of perjury.	on's five highest compendent of there is none, enterondent contractor paid modern on the contractors each received dule A? NOTE: All Sections A	'None " re than \$100,000 g over \$100,000 on 501(c)(3) organization luding accompanying sch	(b) Type	c of service (a)(1) nonexen (a)(1) nonexen (b) (a)(1) nonexen (c) (a)(1) nonexen (d)	npt cha	ritable 'es st of my	trusts No
51 Composition of co (a) N 51(d) Tote 52 Diagram mowledge anowledge.	al number of other independent of the organization ame and address of each independent of the organization complete. Scheist attach a completed Schedule and belief, it is true, correct, and complete is the organization complete. The organization complete is the organization complete of the organization complete of the organization complete. The organization complete of the organization complete of the organization complete of the organization complete. The organization complete organization complete organization complete organization complete organization complete. The organization complete organization compl	on's five highest compend on If there is none, entermodent contractor paid modent contractors each receiving dule A? NOTE: All Section A	g over \$100,000 on 501(c)(3) organization	(b) Type ons and 4947 edules and state is based on a	r of service (a)(1) nonexen (a)(1) nonexen (a)(1) nonexen (a)(1) nonexen (b)(1) nonexen (c)(1) nonexen (d)(1) nonexen (d)(1) nonexen (d)(1) nonexen	npt cha	ritable 'es st of my prepare	trusts No r has ar
51 Composition of co (a) N 51(d) Tot 52 Did mu nder penal nowledge a nowledge.	al number of other independent of the organization ame and address of each independent of the organization complete. Scheist attach a completed Schedule lities of perjury, I declare that I have and belief, it is true, correct, and complete is the organization complete.	on's five highest compend on If there is none, entermodent contractor paid modent contractors each receiving dule A? NOTE: All Section A	re than \$100,000 g over \$100,000 on 501(c)(3) organization i	(b) Type ons and 4947 edules and state is based on a	atements, and to	npt cha	ritable 'es st of my prepare	trusts No r has ar
51 Composition of co (a) N 51(d) Tot 52 Dic mu Inder penal nowledge a nowledge. Sign lere	al number of other independent of the organization ame and address of each independent of the organization complete. Scheist attach a completed Schedule. Ities of perjury, I declare that I have and belief, it is true, correct, and complete of officer. JEFFERY TREASURER. Type or print name and title. Preparer's signature of organization complete. PATSY A PORTER CPA. Firm's name (or yours parsy a PATSY A POrt of self-employed),	on's five highest compend on If there is none, entermodent contractor paid modent contractors each receiving dule A? NOTE: All Section A	re than \$100,000 g over \$100,000 on 501(c)(3) organization i	(b) Type ons and 4947 edules and states based on a	r of service (a)(1) nonexen (a)(1) nonexen (a)(1) nonexen (a)(1) nonexen (b)(1) nonexen (c)(1) nonexen (d)(1) nonexen (d)(1) nonexen (d)(1) nonexen	npt cha	ritable 'es st of my prepare	trusts No r has an
51 Composition of co (a) N 51(d) Tot 52 Did mu nder penal nowledge a nowledge.	al number of other independent of the organization ame and address of each independent of the organization complete Scheist attach a completed Schedule lities of perjury, I declare that I have and belief, it is true, correct, and complete is the organization complete Schedule lities of perjury, I declare that I have and belief, it is true, correct, and complete is true,	on's five highest compendent of the second modern contractor paid modern contractors each receiving dule A? NOTE: All Section A	re than \$100,000 g over \$100,000 on 501(c)(3) organization i	(b) Type ons and 4947 edules and states based on a	r of service	the be which	ritable res stof my prepare	trusts No r has an

Software ID: Software Version:

EIN: 48-6117769

Name: ROTARY INTERNATIONAL

THE ATCHISON ROTARY CLUB

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
FRANCES STRIEBY (5) 1011 PRICE BLVD ATCHISON, KS 66002	DIRECTOR 1 00	0		
JOHN JACOBSON 50 800 RAVEN HILL DRIVE ATCHISON, KS 66002	PAST PRESIDE 1 00	0		
CHRISTY ISAACS 337 S 10TH STREET ATCHISON, KS 66002	SECRETARY 4 00	0		
JACQUE PREGONT 200 S 10TH STREET ATCHISON, KS 66002	DIRECTOR 1 00	0		
PATSY PORTER 221 NORTH 6TH STREET ATCHISON,KS 66002	VICE PRESIDE 1 00	0		
JEFFERY THORNE 107 N 6TH STREET ATCHISON, KS 66002	TREASURER 4 00	0		
TIMOTHY BECKER \$\\ 800 KANSAS AVE ATCHISON, KS 66002	DIRECTOR 1 00	0		
REED BERGER 1211 ATCHISON ATCHISON,KS 66002	PRESIDENT-EL 1 00	0		
GOLDIE BOLDRIDGE-BROWN 3228 HIGHWAY 73 ATCHISON, KS 66002	PRESIDENT 4 00	0		
MARK BEGLEY 219 N 6TH STREET ATCHISON, KS 66002	DIRECTOR 1 00	0		
SHARON LOCKE 1007 SKYWAY HIGHWAY ATCHISON, KS 66002	DIRECTOR 1 00	0		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93492306001311

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

Supplemental Information to Form 990 or 990-EZ

Name of the organization ROTARY INTERNATIONAL THE ATCHISON ROTARY CLUB Employer identification number

48-6117769

ldentifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	QUARTERLY MEALS 27,898 MISCELLANEOUS INCOME 321 TOTAL 28,219

ldentifier	Return Reference	Explanation
GRANTS AND SIMILAR AMTS PAID TO ORGANIZATIONS	FORM 990-EZ, PART I, LINE 10	ATCHISON ROTARY FOUNDATION 02/28/2011 720 COMMERCIAL STREET ATCHISON, KS 66002 8,675 0 0

ldentifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES SUPPLIES 1,963 TRAINING 140 ANNUAL CONFERENCE 2,151 DISTRICT MEETINGS 430 DONATIONS 60 DUES 2,068 MAILINGS 9 MEALS 22,927 ROTARY YOUTH LEADERSHIP 300 SEMIANNUAL REPORT 4,983 CLUBRUNNER FEES 868 SWEETHEART DINNER 437 TOTAL 36,336

Identifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 3,580 13,010 TOTAL 3,580 13,010

ldentifier	Return Reference	Explanation
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 1,602 2,336

ldentifier	Return Reference	Explanation
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART	ENCOURAGE AND FOSTER THE IDEAL OF SERVICE AS A BASIS OF WORTHY ENTERPRISE

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492306001311			
TY 2010 Compensation Explanation					
Name:	ROTARY INTERNATIONAL THE ATCHISON ROTARY CLUB				
EIN:	48-6117769				
Person Na	ame	Explanation			
FRANCES STRIEBY					
JOHN JACOBSON					
CHRISTY ISAACS					
JA CQUE PREGONT					
PATSY PORTER					
JEFFERY THORNE					

TIMOTHY BECKER

GOLDIE BOLDRIDGEBROWN

REED BERGER

MARK BEGLEY

SHARON LOCKE