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Form **990-EZ** (2010)

Part II Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	46,815	22	36,789
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	2,919	24	5,354
25	Total assets	49,734	25	42,143
26	Total liabilities (describe in Schedule O)	8,558	26	11,858
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	41,176	27	30,285

Part III Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? SOCIAL WELFARE & COMMUNITY SERVICE		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
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	DONATIONS TO VARIOUS CHARITABLE ORGANIZATIONS, PUBLIC SCHOOLS, ROTARY FOUNDATION, SCHOLARSHIPS TO STUDENTS (Grants \$ 0) If this amount includes foreign grants, check here	28a	9,782
29	WEEKLY MEETINGS FOR MEMBERS TO EXCHANGE INFORMATION AND ATTEND INFORMATIVE AND EDUCATIONAL PROGRAMS, PROVIDE A MONTHLY NEWSLETTER & DIRECTORY (Grants \$ 0) If this amount includes foreign grants, check here	29a	35,594
30	 (Grants \$) If this amount includes foreign grants, check here	30a	
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here	31a	
32	Total program service expenses (add lines 28a through 31a)	32	45,376

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

Check if the organization used Schedule O to respond to any question in this Part IV

(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
COLEEN SMITH PO BOX 333 HELENA,MT 59624	PRESIDENT 5 00	0	0	0
ELLEN FEAVER PO BOX 333 HELENA,MT 59624	TREASURER 5 00	0	0	0

Part V

Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

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			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization 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? (see instructions)	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 tax year 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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its 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 ▶			
42a	The organization's books are in care of ▶ ELLEN FEAVER Telephone no ▶ (406) 442-8560 PO BOX 333 Located at ▶ HELENA, MT ZIP + 4 ▶ 59624			
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)? 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 .		Yes	No
		42b		No
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 ▶			No
		42c		No
43	Section 4947(a)(1) nonexempt charitable 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	43		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.		Yes	No
		44a		No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ			No
		44b		No
c	Did the organization receive any payments for indoor tanning services during the year?			No
		44c		No
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			
		44d		

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
45a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		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 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

	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

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

YesNo

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.

Sign Here	***** Signature of officer		2011-10-03 Date			
	COLEEN SMITH, PRESIDENT Type or print name and title					
Paid Preparer's Use Only	Preparer's signature	Rick A Frost, CPA	Date	Check if self-employed	Preparer's taxpayer identification number (See instructions)	
	Firm's name (or yours if self-employed), address, and ZIP + 4	JUNKERMIERCLARKCAMPANELLASTEVENSPO BOX 1164 HELENA, MT 59624			EIN	
					Phone no (406) 442-6901	
May the IRS discuss this return with the preparer shown above? See instructions						YesNo

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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.

OMB No 1545-0047

2010

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Inspection

Name of the organization ROTARY INTL - HELENA ROTARY CLUB	Employer identification number 81-0189524
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Identifier	Return Reference	Explanation
Other Investment Income	Form 990-EZ, Part I, Line 4	DIVIDENDS & INTEREST EARNED 86

Identifier	Return Reference	Explanation
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification EDUCATIONAL Grantee Name CARROLL COLLEGE SCHOLARSHIP Amount Given 1,500

Identifier	Return Reference	Explanation
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification RYLA CAMP SHOLARSHIP Grantee Name SPONSOR CAMPER Amount Given 250

Identifier	Return Reference	Explanation
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification EDUCATIONAL Grantee Name HIGH SCHOOL SCHOLARSHIPS Amount Given 1,500

Identifier	Return Reference	Explanation
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification YMCA CABIN Grantee Name SPONSOR A CAMPER CABIN Amount Given 500

Identifier	Return Reference	Explanation
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification VARIOUS DONATIONS Grantee Name VARIOUS YOUTH ORGANIZATIONS Amount Given 3,172

Identifier	Return Reference	Explanation
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification DONATION TO POLIO PLUS Grantee Name POLIO PLUS CAMPAIGN Amount Given 1,000

Identifier	Return Reference	Explanation
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification DISTRICT SIMPLIFIED GRANT Grantee Name ROTARY DISTRICT Amount Given 1,310

Identifier	Return Reference	Explanation
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification INTERNATIONAL PROJECT Grantee Name ROTARY INTERNATIONAL Amount Given 550 Total included on Form 990-EZ, line 10 9,782

Identifier	Return Reference	Explanation
Other Expenses	Form 990-EZ, Part I, Line 16	Description BAD DEBTS Amount 1,014 Description MISCELLANEOUS Amount 317 Description WEB PAGE Amount 569 Description DUES Amount 8,383 Description SPECIAL MEMBER EVENTS Amount 32,094 Description GROUP STUDY EXCHANGE Amount 3,041 Description DISTRICT OBLIGATIONS - OTHER Amount 110 Description MONTHLY BOARD MEETING Amount 919 Description EXCHANGE STUDENT VISIT Amount 285 Total to Form 990-EZ, line 16 46,732

Identifier	Return Reference	Explanation
Other Assets	Form 990-EZ, Part II, Line 24	Description ACCOUNTS RECEIVABLE Beg of Year Amount 2,919 End of Year Amount 2,654 Description RECEIVABLE FROM FOUNDATION Beg of Year Amount 0 End of Year Amount 2,700

Identifier	Return Reference	Explanation
Other Liabilities	Form 990-EZ, Part II, Line 26	Description ACCOUNTS PAYABLE AND ACCRUED LIABILITIES Beg of Year Amount 8,558 End of Year Amount 11,858

TY 2010 Transfers Personal Benefits Contracts Declaration

Name: ROTARY INTL - HELENA ROTARY CLUB

EIN: 81-0189524

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.