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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, 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

2010 Open to Public Inspection

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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

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Website: * N/A Tax-exempt status (ck only one) - S01(x)3 X S01(x) (.4.) ** (insert no.) 4947(x)1/x S2 990,95E.Z. or 990-FP.	Ġ				ion is not
Check If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000 A Form 990 EZ or Form 990 return is not required though Form 990. Ne-postcard) may be required (see instructions) But if the organization chooses to file a complete return. Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts if gross receipts are 5200,000 or more, or if total assets (Part II, line 25, Column (8) below) are \$500,000 or more, the Form 990 instead of Form 990.EZ \$ 77, 627. Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Check if the organization used Schedule O to respond to any question in this Part	Ī		site: N/A	attach Schedule I	3 (Form
K Check If the organization is not a section 59(a)(3) supporting organization and its gross receipts are normally not more than 550,000 A Form 990-EC or form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts in gross receipts are \$200,000 or more, or if total assets (Part II, line 2b, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts in gross receipts are \$200,000 or more, file Form 990 instead of Form 990-EZ. To contributions, gifts, grants, and similar amounts received 2. Program service revenue including government fees and contracts 3. 1	J	Tax-e	xempt status (ck only one) — 501(c)(3) X 501(c) (4) ◀ (insert no.) 4947(a)(1) or 527 990, 990-E	Z, or 990-PF)	•
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Professional fees and other payments to independent contractors 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 18 through 20 21 4,322.	F	ľ	Benefits paid to or for members		
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16 Other expenses (describe in Schedule O) See Schedule O 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 Other changes in net assets or fund balances (explain in Schedule O) 20 −466. 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 4, 322.			· · · · · · · · · · · · · · · · · · ·	<u> </u>	
16 Other expenses (describe in Schedule O) See Schedule O 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 Other changes in net assets or fund balances (explain in Schedule O) 20 −466. 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 4, 322.					
17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 18 through 20 17 75, 380. 18 2, 247. 19 2, 541. 20 20 -466. 21 4, 322.	Š		the state of the s		
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 18 2,247. 19 2,541. 20 -466.		i			
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) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 18 through 20 Page 19 2,541. 20 -466. 21 4,322.		-			
21 Net assets or fund balances at end of year Combine lines 18 through 20 21 4, 322.				18	2,241.
21 Net assets or fund balances at end of year Combine lines 18 through 20 21 4, 322.	NS	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)	10	2 541
21 Net assets or fund balances at end of year Combine lines 18 through 20 21 4,322.	T E	20			
1,000	Ś		• • • • • • • • • • • • • • • • • • • •		
	BΔ				

	n 990-EZ (2010) ROTARY INTERNAT		CLUB	86	-600	03870 Page 2
Pa	Tt II Balance Sheets. (see the ins	structions for Part II.)	petion in this Part II			X
-	Check if the diganization used Sch	edule O to respond to any qu	lestion in this rait in	(A) Beginning of ye	ar	(B) End of year
22	, 5,			2,541		+-
23	Land and buildings .	•	, -		23 24	
24 25	Other assets (describe in Schedule O) Total assets			2,541	-	
26	Total liabilities (describe in Schedule O))	0	. 26	1,560.
	Net assets or fund balances (line 27 of			2,541	. 27	4,322.
Pa	rt III Statement of Program Ser Check if the organization used So				(Ren	Expenses juired for section
What	is the organization's primary exempt purpose?		•		1501 <i>(</i>	c)(3) and 501(c)(4) nizations and section
Des	cribe what was achieved in carrying out the cribe the services provided, the number of	e organization's exempt purp persons benefited, and other	oses. In a clear and r relevant information	concise manner, of for each	4947	'(a)(1) trusts, optional
prog	ram title.				for o	thers.)
28					1	
					1	
	(Grants \$) If th	is amount includes foreign gi	ants, check here	<u> </u>	28 a	
29					4	
					1	
	(Grants \$) If th	is amount includes foreign gr	ants, check here		29 a	
30						
					1	
	(Grants \$) If th	is amount includes foreign gr	rants, check here .	- []	30 a	
31	Other program services (describe in Sch	edule O) .				
20		is amount includes foreign gr	rants, check here	<u> </u>	31 a	
	Total program service expenses (add line in IV) List of Officers, Directors,		olovees. List each on		J4.	the instructions for Part IV)
_	Check if the organization used So	chedule O to respond to any	question in this Part	<u>IV</u>	·	
	(a) Name and address	(b) Title and average hours per week devoted	(c) Compensation (not paid, enter -0-	.) employee benefit pla	ns and	(e) Expense account and other allowances
TA (SON FARNSWORTH	to position		deferred compensa		
	ON PARNSWORTH ON. NEW HAVEN	Director 0	'	7.	0.	0.
ME	SA, AZ 85205					
	RED_COX	Director	(0.	0.	0.
	I5 E. HERMOSA DRIVE SA, AZ 85203	U				
SA	LLY DOWNEY	Director	(D.	0.	0.
	13 N. CONNER AVENUE	0				
	SA, AZ 85206 FO SHILL	Treasurer		0.	0.	0.
	NORTH CENTER STREET	0		, .	٠.	· ·
MES	SA, AZ 85201	_				
	LLY HARRISON 120 E. PLATA	Secretary	(0.	0.	0.
	5A, AZ 85259	J				
STI	EVE BECK	President	().	0.	0.
	E LOCKWOOD STREET	0				
	SA, AZ 85236 C ESPARZA	Director).	0.	0.
	7 N. MACDONALD	0	•		٠.	
	SA, AZ 85201					
RIC	CH_CURTIS 41 E. OCASO AVENUE	Director	(0.	0.	0.
MES	5A, AZ 85212	U				
JO	WILSON	Director	().	0.	0.
	I E GARY STREET	0				
MES	SA, AZ 85203					
•						

Page 2

· 10 44	Check if the organization used Schedule O to respond to any question in this Part V			\Box	
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	Yes	No X	
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		Х	
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 SECTION		7	
	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?	35 a		Х	
	b If 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?	35 b			
	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	2772	X	
				٠	
	b Did the organization file Form 1120-POL for this year?	37b	ኖር <u>ነ</u> ይም	X	
	a 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	magair.	X	
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved . 38b N/A		9%		
	Continue of (C)(1) organizations (Enter:	2° 2. 2	100		
	a Initiation fees and capital contributions included on line 9	132.	2 7 4	* '	
	b Gross receipts, included on line 9, for public use of club facilities . [39b] N/A	1	, ,	 ` ,	
40 a	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► N/A, section 4912 ► N/A; section 4955 ► N/A	•	,		
ı	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	40 b		х	
(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				
41	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	40 e	. \$5	X	
42 a The organization's books are in care of ► OTTO SHILL Located at ► 40 NORTH CENTER MESA AZ ZIP + 4 ► 85201					
l	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.	42 b	Yes	No X	
See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a 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 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 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44a		N/A N/A No	
t	of Form 990-E2 Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a		X	
	Did the organization receive any payments for indoor tanning services during the year?	44 c		$\frac{\Lambda}{X}$	
		776			
(If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44 d			
3ΔΔ		m 990		0010	

Form 990- l	EZ (2010) ROTARY INTERNATIONA	L MESA ROTARY	CLUB		86-60038	70	Ρ	age 4
-							Yes	No
.45 Is an	y related organization a controlled entity	of the organization with	in the meanir	ng of section	on 512(b)(13)?	45	Ĺ.,	Х
a Did to of se	he organization receive any payment fron ection 512(b)(13)? If 'Yes,' Form 990 and	n or engage in any tran Schedule R may need t	saction with a to be complete	a controlled ed instead	d entity within the meaning of Form 990-EZ (see inst)	45 a		Х
46 Did to	he organization engage, directly or indire idates for public office? If 'Yes,' complete	ctly, in political campaid Schedule C, Part I	gn activities o	n behalf o	f or in opposition to	46		Х
Part VI	Section 501(c)(3) organizations	and section 4947	(a)(1) none	xempt c	haritable trusts only.	All se	ction	
	501(c)(3) organizations and sec	tion 4947(a)(1) noi	nexempt ch	naritable	trusts must answer q	uestio	ns	
	47-49b and 52, and complete the							
	Check if the organization used Schedul	e O to respond to any o	question in thi	is Part VI			· ·	للب
45 5 11		21000	0.1.41.0.5	.		47	Yes	No
	he organization engage in lobbying activity				dula E	47		<u> </u>
	e organization a school as described in se he organization make any transfers to an				uule E	49a		
	es,' was the related organization a section	·	_	iizatioii.		49b		
	plete this table for the organization's five	•		her than o	· fficers directors trustees a		L	
empl	oyees) who each received more than \$10	0,000 of compensation	from the orga	anization.	If there is none, enter 'None	e.'		
(a)) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Comper	nsation	(d) Contributions to employee benefit plans and deferred compensation	accou	opense int and lowances	<u> </u>
			<u> </u>					
	number of other employees paid over \$1							
51 Comp	plete this table for the organization's five pensation from the organization. If there is	highest compensated ir s none, enter 'None '	ndependent co	ontractors	who each received more th	an \$10	0,000)†
	(a) Name and address of each independent conti		1		(b) Type of service	(c) Com	pensatio	n
								
•						···-		
				- 1				
		 						
	number of other independent contractors	-		▶.				
52 Did the charit	he organization complete Sched ule A ? No table trusts must attach a completed Sch	ote All section 501(c)(3 edule A) organizatior	ns and 494	I7(a)(1) nonexempt ►	Yes	. [No
Under penaltic	es of perjury, I declare that I have examined this return and complete Declaration of preparer (other than office	, including accompanying sche	dules and stateme	nts, and to th	e best of my knowledge and belief,	t is		
aud, contect,	Simpleto Goodalation of preparer (onless trials onless	., . J cases on an anomation C	proparer r	any know		_		
Sign	Signature of officer				Date 5-14-/	$\overline{\nu}$		
Here	OTTO SHILL				Treasurer			
	Type or print name and title				[75]			
	Print/Type preparer's name	Preparer's signature		ate	Check FT!N	~ 		
Paid	DOUGLAS A. GRAY	Non-Paid Prepa	rer			i dla	i din i	· .]
Preparer Use Only	Firm's name				Firm's FIN	Fe a Ray of	e November :	er (37)
300 Omy	Firm's address				Firm's EIN Phone no	CATE OF THE PARTY		
May the IR	S discuss this return with the preparer sh	own above? See instru			→ I Hone Ho	Yes		No
BAA					F	orm 99		

SCHEDULE O (Form 990 or 990-EZ)

* * * .

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Open to Public Inspection

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

► Attach to Form 990 or 990-EZ.

Employer identification number Name of the organization 86-6003870 ROTARY INTERNATIONAL MESA ROTARY CLUB

20 ¹ 0	Schedule O - Supplemental Information	Page 2
	ROTARY INTERNATIONAL MESA ROTARY CLUB	86-600387
4/03/12		11 04AN
Form 990-EZ, Part I Other Revenue	, Line 8	
PAUL HARRIS CON	TRIBUTIONS	\$ 3,792. \$ 3,792.
Form 990-EZ, Part I Other Expenses	, Line 16	
ARIZONA CORPORA Conferences, Con CREDIT CARD CHA Office Expenses PAUL HARRIS FOU SERVICE PROJECT	NDATION	. \$ 20. 735. 2,258. 20. 4,685. 865.
SUPPLIES WEBSITE YOUTH EXCHANGE		63. 1,887. 1,515. Total \$ 12,048.
Form 990-EZ, Part I Other Changes In N PRIOR YEAR ADJUS	et Assets Or Fund Balances	\$ -466. Total \$ -466.
Form 990-EZ, Part I Total Liabilities	, Line 26	
DUES PAUL HARRIS DONA	, , , , , , , , , , , , , , , , , , ,	0. \$ 210. 0. 1,350. 0. \$ 1,560.