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Form 990-EZ

# 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  
InspectionDepartment of the Treasury  
Internal Revenue Service

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

, and ending 06-30-2011

Check if applicable  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

C Name of organization ROTARY INTERNATIONAL-SPARKS ROTARY CLUB		D Employer identification number 88-6004351
Number and street (or P O box, if mail is not delivered to street address) PO BOX 97		E Telephone number (775) 353-1840
City or town, state or country, and ZIP + 4 SPARKS, NV 89432		F Group Exemption Number ►

G Accounting method  Cash  Accrual Other (specify) ► \_\_\_\_\_I Website: ► [WWWSPARKSROTARY.ORG](http://WWWSPARKSROTARY.ORG)J Tax-Exempt status (check only one) —  501(c)(3)  501(c)( 4 ) (insert no)  4947(a)(1) or  527H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K 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-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. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 178,183

**Part I 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 I 

1	Contributions, gifts, grants, and similar amounts received	1	124,407
2	Program service revenue including government fees and contracts	2	7,860
3	Membership dues and assessments	3	
4	Investment income	4	116
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	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000) 	6a	45,600
b	Gross income from fundraising events (not including \$ 200 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000) 	6b	
c	Less direct expenses from gaming and fundraising events	6c	10,000
d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d	35,800
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 in Schedule O)	8	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	168,183
10	Grants and similar amounts paid (list in Schedule O)	10	31,262
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	
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	106
16	Other expenses (describe in Schedule O)	16	125,591
17	<b>Total expenses.</b> Add lines 10 through 16	17	156,959
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	11,224
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	59,124
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	70,348

**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 )

		<b>(A) Beginning of year</b>	<b>(B) End of year</b>
<b>22</b> Cash, savings, and investments		59,624	<b>22</b> 70,348
<b>23</b> Land and buildings		23	
<b>24</b> Other assets (describe in Schedule O)		24	285,232
<b>25 Total assets</b>		59,624	<b>25</b> 355,580
<b>26 Total liabilities</b> (describe in Schedule O)		500	<b>26</b> 285,232
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)		59,124	<b>27</b> 70,348

**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?

TO CREATE FELLOWSHIP AMONG BUSINESS, PROFESSIONAL AND CIVIC LEADERS THROUGH ACTIVITIES AND CHARITABLE PROJECTS

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 section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

**28** See Additional Data Table(Grants \$ ) If this amount includes foreign grants, check here   **28a****29**(Grants \$ ) If this amount includes foreign grants, check here   **29a****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** 144,454**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 

<b>(a) Name and address</b>	<b>(b) Title and average hours per week devoted to position</b>	<b>(c) Compensation (If not paid, enter -0-.)</b>	<b>(d) Contributions to employee benefit plans &amp; deferred compensation</b>	<b>(e) Expense account and other allowances</b>
See Additional Data Table				

**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

**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

**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  Yes  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 35a  Yes  No

**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? 35b  Yes  No

**b** If "Yes," has it filed a tax return on **Form 990-T** for this year? (see instructions) 36  Yes  No

**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  Yes  No

**37a** Enter amount of political expenditures, direct or indirect, as described in the instructions 37a  Yes  No

**b** Did the organization file **Form 1120-POL** for this year? 37b  Yes  No

**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  Yes  No

**b** If "Yes," complete Schedule L, Part II and enter the total amount involved 38b  Yes  No

**39** *Section 501(c)(7) organizations.* Enter 39a  Yes  No

**a** Initiation fees and capital contributions included on line 9 39b  Yes  No

**b** Gross receipts, included on line 9, for public use of club facilities 39b  Yes  No

**40a** *Section 501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under section 4911 40a  Yes  No

**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  Yes  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 40c  Yes  No

**d** *Section 501(c)(3) and 501(c)(4) organizations.* Enter amount of tax on line 40c reimbursed by the organization 40d  Yes  No

**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  Yes  No

**41** List the states with which a copy of this return is filed 41  Yes  No

**42a** The organization's books are in care of 42a  Yes  No

ROBERT L DORR Telephone no 42a  Yes  No

1005 GREG STREET 42a  Yes  No

1005 GREG STREET 42a  Yes  No

Located at 42a  Yes  No

SPARKS, NV 42a  Yes  No

ZIP + 4 42a  Yes  No

89431 42a  Yes  No

**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  Yes  No

If "Yes," enter the name of the foreign country 42b  Yes  No

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.** 42b  Yes  No

**c** At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c  Yes  No

If "Yes," enter the name of the foreign country 42c  Yes  No

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here 43  Yes  No

and enter the amount of tax-exempt interest received or accrued during the tax year 43  Yes  No

**44a** Did the organization maintain any donor advised funds? If "Yes," *Form 990 must be completed instead of Form 990-EZ.* 44a  Yes  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* 44b  Yes  No

**c** Did the organization receive any payments for indoor tanning services during the year? 44c  Yes  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

	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 Form 990-EZ	<input type="checkbox"/> 45	<input type="checkbox"/> 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 Form 990-EZ	<input type="checkbox"/> 45a	<input type="checkbox"/> 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	<input type="checkbox"/> 46	<input type="checkbox"/> 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  . . . . .

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<input type="checkbox"/> 47	<input type="checkbox"/>
48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/> 48	<input type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/> 49a	<input type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/> 49b	<input type="checkbox"/>
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  . . . . .

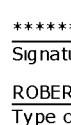
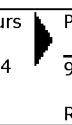
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(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  Yes  No

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.

<b>Sign Here</b>	***** Signature of officer <b>ROBERT DORR TREASURER</b> Type or print name and title	2012-03-12 Date
	Preparer's signature  DAVID D KARY CPA	Date 2012-03-12
<b>Paid Preparer's Use Only</b>	Firm's name (or yours if self-employed), address, and ZIP + 4  PANGBORN & CO LTD 924 S VIRGINIA STREET RENO, NV 895022416	Check if self-employed <input type="checkbox"/> EIN <input type="checkbox"/> Phone no <input type="checkbox"/> (775) 328-1040

May the IRS discuss this return with the preparer shown above? See instructions  . . . . .  Yes  No

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

2010

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**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.**

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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Name of the organization

ROTARY INTERNATIONAL-SPARKS ROTARY  
CLUB

**Employer identification number**

88-600435

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

- a**  Mail solicitations
- b**  Internet and e-mail solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**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 services?

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.

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.

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

**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.

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
1 Gross revenue . . .			45,600	45,600
2 Cash prizes . . .			10,000	10,000
3 Non-cash prizes . . .				
4 Rent/facility costs . . .				
5 Other direct expenses . .				
6 Volunteer labor . . .	<input type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> 100 000 % Yes 100 000 % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) . . . . . ►				10,000
8 Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ►				35,600

9 Enter the state(s) in which the organization operates gaming activities See Additional Data Table NV

a Is the organization licensed to operate gaming activities in each of these states? . . . . .  Yes  No

b If "No," Explain \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

b If "Yes," Explain \_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers? . . . . .  Yes  No

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? . . . . .  Yes  No

13 Indicate the percentage of gaming activity operated in

13a	
13b	100 000 %

a The organization's facility . . . . .

b An outside facility . . . . .

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ► ROBERT L DORR

Address ► 1005 GREG STREET  
SPARKS, NV 89431

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .  Yes  No

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 ►

Director/officer

Employee

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? . . . . .  Yes  No

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 ► \$

**Part IV** Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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**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.

**2010****Open to Public  
Inspection****Name of the organization**ROTARY INTERNATIONAL-SPARKS ROTARY  
CLUB**Employer identification number**

88-6004351

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMTS PAID TO ORGANIZATIONS	FORM 990-EZ, PART I, LINE 10	ROTARY FOUNDATION 1560 SHERMAN AVENUE EVANSTON, IL 60201-3698 16,262 0 0 NEVADA BIGHORNS UNLIMITED P O BOX 21393 RENO, NV 89515-1393 15,000 0 0

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES CLUB EVENTS & ACTIVITIES 97,657 GUEST LUNCHES 5,530 TRAVEL AND MEETINGS 4,938 SUPPLIES 2,972 PROGRAM EXPENSE 2,030 FLOWERS 65 CREDIT CARD & BANK FEES 1,971 PAYMENTS TO AFFILIATES 10,428 TOTAL 125,591

Identifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	SPARKS ROTARY COMMUNITY FUND 0 285,232 TOTAL 0 285,232

Identifier	Return Reference	Explanation
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	PREPAID NV FEST SPONSOR 500 0 SPARKS ROTARY COMMUNITY FUND 0 285,232

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	TO CREATE FELLOWSHIP AMONG BUSINESS, PROFESSIONAL AND CIVIC LEADERS THROUGH ACTIVITIES AND CHARITABLE PROJECTS

Identifier	Return Reference	Explanation
ALL OTHER ACHIEVEMENTS	FORM 990-EZ, PART III, LINE 31	DONATION TO ROTARY FOUNDATION IN THE AMOUNT OF 16,262 DONATION TO NEVADA BIGHORNS UNLIMITED IN THE AMOUNT OF 15,000

## TY 2010 Compensation Explanation

**Name:** ROTARY INTERNATIONAL-SPARKS ROTARY  
CLUB  
**EIN:** 88-6004351

Person Name	Explanation
ANDY MCINNES	
MICHAEL HIX	
MARIO FRUGOLI	
BOB LORD	
JOE DONOHUE	
DON ROLSTON	
DAVE SINCLAIR	
BERT HARTMANN	
BONNIE GREEN	
LARRY HARVEY	
EGAN WALKER	
ROBERT L DORR	

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 88-6004351  
**Name:** ROTARY INTERNATIONAL-SPARKS 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 CONTRIBUTIONS TO PUBLIC SCHOOLS, CHARITABLE ORGANIZATIONS, SCHOLARSHIPS AND CIVIC PROJECTS (Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	59,817 28a
29 LOCAL CLUB ACTIVITIES AND EVENTS, INCLUDING CLUB TRIPS AND FELLOWSHIP EVENTS, ANNUAL BBQ, DEMOTION EVENT AND INTER-CLUB ACTIVITIES (Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	48,437 29a
30 ATTENDANCE AT INTERNATIONAL AND DISTRICT MEETINGS, CONFERENCES AND WEEKLY CLUB MEETINGS (Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	4,938 30a
DONATION TO ROTARY FOUNDATION IN THE AMOUNT OF 16,262 DONATION TO NEVADA BIGHORNS UNLIMITED IN THE AMOUNT OF 15,000 (Grants \$ 31,262) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31,262

## 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
ANDY MCINNES  PO BOX 97 SPARKS, NV 894320097	PRESIDENT 4 00	0		
MICHAEL HIX  PO BOX 97 SPARKS, NV 894320097	SECRETARY 4 00	0		
MARIO FRUGOLI  PO BOX 97 SPARKS, NV 894320097	TREASURER 3 00	0		
BOB LORD  PO BOX 97 SPARKS, NV 894320097	DIRECTOR 1 00	0		
JOE DONOHUE  PO BOX 97 SPARKS, NV 894320097	DIRECTOR 1 00	0		
DON ROLSTON  PO BOX 97 SPARKS, NV 894320097	DIRECTOR 1 00	0		
DAVE SINCLAIR  PO BOX SPARKS, NV 894320097	DIRECTOR 1 00	0		
BERT HARTMANN  PO BOX 97 SPARKS, NV 894320097	DIRECTOR 1 00	0		
BONNIE GREEN  PO BOX SPARKS, NV 894320097	DIRECTOR 1 00	0		
LARRY HARVEY  PO BOX 97 SPARKS, NV 894320097	DIRECTOR 1 00	0		
EGAN WALKER  PO BOX SPARKS, NV 894320097	DIRECTOR 1 00	0		
ROBERT L DORR  PO BOX SPARKS, NV 894320097	DIRECTOR 1 00	0		