

## Short Form Return of Organization Exempt From Income Tax

# 2008

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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.

<b>A</b> For the 2008 calendar year, or tax year beginning <u>7/1/2008</u> , and ending <u>6/30/2009</u>	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>ROTARY INTERNATIONAL MUNCIE ROTARY</b> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>P O BOX 1033</b> City, town, or country State ZIP + 4 <b>MUNCIE IN 47308-1033</b>
<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>D</b> Employer identification number <u>35-6018644</u> <b>E</b> Telephone number <u>(765) 2869322</u> <b>F</b> Group Exemption Number . . . ▶ <u>0573</u>

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

**G** Accounting method:  Cash  Accrual  
Other (specify) ▶

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: ▶ HTTP://WWW.MUNCIEROTARY.ORG

**J** Organization type (check only one)—  501(c) ( 4 ) ◀ (insert no.)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 58,926

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)**

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	29,859
	<b>4</b> Investment income . . . . .	<b>4</b>	18
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) . . . . .	<b>5c</b>	
	<b>6</b> Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ <input type="checkbox"/>		
	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1) . . . . .	<b>6a</b>	
	<b>b</b> Less: direct expenses other than fundraising expenses . . . . .	<b>6b</b>	
<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	<b>6c</b>		
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	29,049	
<b>b</b> Less: cost of goods sold . . . . .	<b>7b</b>	25,792	
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>	3,257	
<b>8</b> Other revenue (describe ▶ _____)	<b>8</b>		
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . . ▶	<b>9</b>	33,134	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (attach schedule) . . . . .	<b>10</b>	
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	
	<b>16</b> Other expenses (describe ▶ See attached statement)	<b>16</b>	22,502
<b>17 Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>17</b>	22,502	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	10,632
	<b>19</b> 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) . . . . .	<b>19</b>	10,622
	<b>20</b> Other changes in net assets or fund balances (attach explanation) . . . . .	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶	<b>21</b>	21,254

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)		(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .		22,619	<b>22</b> style="text-align: right;">11,054
<b>23</b> Land and buildings . . . . .			<b>23</b>
<b>24</b> Other assets (describe ▶ <u>PREPAID EXPENSES</u> )		740	<b>24</b> style="text-align: right;">10,200
<b>25 Total assets</b> . . . . .		23,359	<b>25</b> style="text-align: right;">21,254
<b>26 Total liabilities</b> (describe ▶ See attached statement)		12,737	<b>26</b>
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .		10,622	<b>27</b> style="text-align: right;">21,254

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III.)	<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose? <u>ROTARY CLUB</u>	
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, or other relevant information for each program title.	
<b>28</b> _____ _____ _____ (Grants \$ _____ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/> <b>28a</b>	
<b>29</b> _____ _____ _____ (Grants \$ _____ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/> <b>29a</b>	
<b>30</b> _____ _____ _____ (Grants \$ _____ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/> <b>30a</b>	
<b>31</b> Other program services (attach schedule) . . . . . <input type="checkbox"/> (Grants \$ _____ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/> <b>31a</b>	
<b>32 Total program service expenses.</b> (add lines 28a through 31a) . . . . . <input type="checkbox"/> <b>32</b>	

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> List each one even if not compensated. (See the instructions for Part IV.)				(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
(a) Name and address							
Name	GARY DEMAREE	Str		Title	PRES		
City	MUNCIE	ST IN	ZIP	Hr/WK			
Name	JULIE BERING	Str		Title	SEC		
City	MUNCIE	ST IN	ZIP	Hr/WK			
Name	MERRILL GREENE	Str		Title	TREAS		
City	MUNCIE	ST IN	ZIP	Hr/WK			
Name	JUD FISHER	Str		Title	DIR		
City	MUNCIE	ST IN	ZIP	Hr/WK			
Name	MARY JOHNSON	Str		Title	DIR		
City	MUNCIE	ST IN	ZIP	Hr/WK			
Name	RAY MONTAGNO	Str		Title	DIR		
City	MUNCIE	ST IN	ZIP	Hr/WK			
Name	ELISSA MCDONALD	Str		Title	DIR		
City	MUNCIE	ST IN	ZIP	Hr/WK			
Name	STEVE BASSET	Str		Title	DIR		
City	MUNCIE	ST IN	ZIP	Hr/WK			
Name	GINA BRADBURN	Str		Title	DIR		
City	MUNCIE	ST IN	ZIP	Hr/WK			
Name	BOB GORTNER	Str		Title	DIR		
City	MUNCIE	ST IN	ZIP	Hr/WK			
Name	GARY CHENAULT	Str		Title	DIR		
City	MUNCIE	ST IN	ZIP	Hr/WK			
Name	GAY NATION	Str		Title	DIR		
City	MUNCIE	ST IN	ZIP	Hr/WK			
Name	JIM WINGATE	Str		Title	DIR		
City	MUNCIE	ST IN	ZIP	Hr/WK			
Name	ROGER LAVERY	Str		Title	DIR		
City	MUNCIE	ST IN	ZIP	Hr/WK			
Name		Str		Title			
City		ST	ZIP	Hr/WK			
Name		Str		Title			
City		ST	ZIP	Hr/WK			
Name		Str		Title			
City		ST	ZIP	Hr/WK			

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity. . . . .		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes . . . . .		X
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, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? . . . . .		X
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N . . . . .		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b>		
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		X
38 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 unpaid at the start of the period covered by this return? . . . . .		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b>		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>		
b	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>		
40 a	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 (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I . . . . .		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ _____		
d	Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
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. . . . .		X
41	List the states with which a copy of this return is filed. ▶ IN		
42 a	The books are in care of ▶ Name MERRILL GREENE CPA Telephone no. ▶ (765) 744-0409 Located at ▶ 330 E MAIN ST City MUNCIE ST IN ZIP + 4 ▶ 47305		
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)? . . . . .	Yes	No
	If "Yes," enter the name of the foreign country: ▶ _____		X
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .		X
	If "Yes," enter the name of the foreign country: ▶ _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>   N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		X
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 . . . . .		X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51.

- |   |            | Yes | No |
|---|------------|-----|----|
| <b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. . . . . | <b>46</b>  |     |    |
| <b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. . . . .   | <b>47</b>  |     |    |
| <b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .  | <b>48</b>  |     |    |
| <b>49 a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .   | <b>49a</b> |     |    |
| <b>b</b> If "Yes," was the related organization(s) a section 527 organization? . . . . .  | <b>49b</b> |     |    |
- 50** Complete this table for the 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
Name <b>None</b> . . . . . Str . . . . . City . . . . . ST . . . . . ZIP . . . . .	Title . . . . . Hr/WK . . . . .			
Name . . . . . Str . . . . . City . . . . . ST . . . . . ZIP . . . . .	Title . . . . . Hr/WK . . . . .			
Name . . . . . Str . . . . . City . . . . . ST . . . . . ZIP . . . . .	Title . . . . . Hr/WK . . . . .			
Name . . . . . Str . . . . . City . . . . . ST . . . . . ZIP . . . . .	Title . . . . . Hr/WK . . . . .			
Name . . . . . Str . . . . . City . . . . . ST . . . . . ZIP . . . . .	Title . . . . . Hr/WK . . . . .			
Total number of other employees paid over \$100,000 ▶				

**51** Complete this table for the 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
Name <b>None</b> . . . . . Str . . . . . City . . . . . ST . . . . . ZIP . . . . .		
Name . . . . . Str . . . . . City . . . . . ST . . . . . ZIP . . . . .		
Name . . . . . Str . . . . . City . . . . . ST . . . . . ZIP . . . . .		
Name . . . . . Str . . . . . City . . . . . ST . . . . . ZIP . . . . .		
Name . . . . . Str . . . . . City . . . . . ST . . . . . ZIP . . . . .		
Total number of other independent contractors each receiving over \$100,000 . . . . . ▶		

**Sign Here**

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

Signature of officer: **MERRILL GREENE** Date: \_\_\_\_\_  
Type or print name and title: **TREASURER**

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Firm's name (or yours if self-employed), address, and ZIP +4: \_\_\_\_\_  
Check if self-employed:  Preparer's Identifying Number (See instructions): \_\_\_\_\_  
EIN: \_\_\_\_\_  
Phone no.: \_\_\_\_\_

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

**Part I, Line 4 (990-EZ) - Investment Income**

1	Interest on savings and temporary cash investments . . . . .	1	18
2	Dividends and interest from securities . . . . .	2	
3	Gross rents . . . . .	3	
4	Other investment income . . . . .	4	
5	Total . . . . .	5	18

**Part I, Line 16 (990-EZ) - Other Expenses**

22,502

1	Travel, Meals and Entertainment		
	a Travel . . . . .	1a	
	b Total meals and entertainment . . . . .	1b	
2	Fundraising . . . . .	2	
3	From Form 4562 - Amortization . . . . .	3	
4	Conferences, conventions, and meetings	4	200
5	Depreciation, depletion, etc.	5	
6	Equipment rental and maintenance	6	
7	Interest	7	
8	Supplies	8	373
9	Telephone	9	
10	Unrelated business income taxes	10	
11	PINS PLAQUES AND FLAGS	11	1,419
12	VIVA LUNCHEON	12	79
13	MISCELLANEOUS	13	786
14	INSURANCE	14	450
15	GUEST MEALS	15	2,150
16	RI DUES	16	10,241
17	RI DISTRICT DUES	17	4,186
18	YOUTH EXCHANGE	18	100
19	POSTAGE	19	733
20	INTERNATIONAL SERVICE PROJECT	20	1,223
21	BULLETINS	21	562
22		22	
23		23	
24		24	
25		25	
26		26	

**Part II, Line 24 (990-EZ) - Other Assets**

740 10,200

Description		Beginning	End
1	PREPAID EXPENSES	740	10,200
2			
3			
4			
5			
6			
7			
8			
9			
10			

**Part II, Line 26 (990-EZ) - Liabilities**

12,737

Description		Beginning	End
1	DUE ROTARY INTERNATIONAL	438	
2	DUE MUNCIE ROTARY ENDOWMENT	302	
3	BLANKENT FUND PAYABLE	11,997	
4			
5			
6			
7			
8			
9			
10			

**NP-20**State Form 51062  
(R2 / 3-09)Indiana Department of Revenue  
**Indiana Nonprofit Organization's Annual Report  
For the Calendar Year or Fiscal Year****Beginning** 07/01/2008 **and Ending** 06/30/2009  
MM/DD/YYYY MM/DD/YYYYCheck if:  Change of Address  
 Amended Report  
 Final Report: Indicate  
Date Closed \_\_\_\_\_**Due on the 15th day of the 5th month following the end of the tax year.  
NO FEE REQUIRED.**

Name of Organization <b>ROTARY INTERNATIONAL MUNCIE ROTARY</b>			Telephone Number
Address <b>P O BOX 1033</b>		County	Indiana Taxpayer Identification Number
City <b>MUNCIE</b>	State <b>IN</b>	Zip Code <b>47308-1033</b>	Federal Identification Number <b>35-6018644</b>
Printed Name of Person to Contact <b>MERRILL GREENE CPA</b>		Contact's Telephone Number <b>(765) 287-9322</b>	

If you are filing a federal return, attach a completed copy of Form 990, 990EZ, or 990PF.

**Note:** If your organization has unrelated business income of more than \$1,000 as defined under **Section 513** of the Internal Revenue Code, **you must also file Form IT-20NP.****Current Information**

1. Have any changes not previously reported to the Department been made in your governing instruments, (e.g.) articles of incorporation, bylaws, or other instruments of similar importance? If yes, attach a detailed description of changes.
2. Indicate number of years your organization has been in continuous existence. 76.
3. Attach a schedule, listing the names, titles and addresses of your current officers.
4. Briefly describe the purpose or mission of your organization below.

**MUNCIE ROTARY CLUB****MERRILL@GREENEINC.COM**

Email Address:

*I declare under the penalties of perjury that I have examined this return, including all attachments, and to the best of my knowledge and belief, it is true, complete, and correct.*

Signature of Officer or Trustee	<b>TREASURER</b>	Title	Date
---------------------------------	------------------	-------	------

Name of Person(s) to Contact	Daytime Telephone Number
------------------------------	--------------------------

**Important:** Please submit this completed form and/or extension to:  
Indiana Department of Revenue, Tax Administration  
P.O. Box 7147  
Indianapolis, IN 46207-7147  
Telephone: (317) 232-4015

**Extensions of Time to File**

The Department recognizes the Internal Revenue Service application for automatic extension of time to file, Form 8868. **Please forward a copy of your federal extension, identified with your Nonprofit Taxpayer Identification Number (TID), to the Indiana Department of Revenue, Tax Administration by the original due date to prevent cancellation of your sales tax exemption.** Always indicate your Indiana Taxpayer Identification number on your request for an extension of time to file.

Reports post marked within thirty (30) days after the federal extension due date, as requested on Federal Form 8868, will be considered as timely filed. A copy of the federal extension must also be attached to the Indiana report. In the event that a federal extension is not needed, a taxpayer may request in writing an Indiana extension of time to file from the: Indiana Department of Revenue, Tax Administration, P.O. Box 7147, Indianapolis, IN 46207-7147, (317) 232-4015.

If Form NP-20 or extension is not timely filed, the taxpayer will be notified by the Department pursuant to I.C. 6-2.5-5-21(d), to file Form NP-20. If within sixty (60) days after receiving such notice the taxpayer does not file Form NP-20, the taxpayer's exemption from sales tax will be canceled.

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Department of the Treasury  
Internal Revenue Service

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Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	
<u>P O BOX 1033</u>	
City, town, or country	State ZIP + 4
<u>MUNCIE</u>	<u>IN 47308-1033</u>
<b>D</b> Employer identification number <u>35-6018644</u>	
<b>E</b> Telephone number <u>(765) 2869322</u>	
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Other (specify) ▶

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	<b>4</b> Investment income . . . . .	<b>4</b>	18
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) . . . . .	<b>5c</b>	
	<b>6</b> Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1) . . . . .	<b>6a</b>	
<b>b</b> Less: direct expenses other than fundraising expenses . . . . .	<b>6b</b>		
<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	<b>6c</b>		
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	29,049	
<b>b</b> Less: cost of goods sold . . . . .	<b>7b</b>	25,792	
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>	3,257	
<b>8</b> Other revenue (describe ▶ _____)	<b>8</b>		
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	<b>9</b>	33,134	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (attach schedule) . . . . .	<b>10</b>	
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	
	<b>16</b> Other expenses (describe ▶ See attached statement)	<b>16</b>	22,502
<b>17 Total expenses.</b> Add lines 10 through 16 . . . . .	<b>17</b>	22,502	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	10,632
	<b>19</b> 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) . . . . .	<b>19</b>	10,622
	<b>20</b> Other changes in net assets or fund balances (attach explanation) . . . . .	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	<b>21</b>	21,254

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)		(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .		22,619	11,054
<b>23</b> Land and buildings . . . . .			
<b>24</b> Other assets (describe ▶ <u>PREPAID EXPENSES</u> ) . . . . .		740	10,200
<b>25 Total assets</b> . . . . .		23,359	21,254
<b>26 Total liabilities</b> (describe ▶ <u>See attached statement</u> ) . . . . .		12,737	
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .		10,622	21,254

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III.)	<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose? <u>ROTARY CLUB</u>	
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, or other relevant information for each program title.	
<b>28</b> _____ _____ _____ (Grants \$ _____ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	<b>28a</b>
<b>29</b> _____ _____ _____ (Grants \$ _____ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	<b>29a</b>
<b>30</b> _____ _____ _____ (Grants \$ _____ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	<b>30a</b>
<b>31</b> Other program services (attach schedule) . . . . . (Grants \$ _____ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	<b>31a</b>
<b>32 Total program service expenses.</b> (add lines 28a through 31a) . . . . . <input type="checkbox"/>	<b>32</b>

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> List each one even if not compensated. (See the instructions for 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		
Name <u>GARY DEMAREE</u> Str City <u>MUNCIE</u> ST <u>IN</u> ZIP _____	Title <u>PRES</u> Hr/WK _____					
Name <u>JULIE BERING</u> Str City <u>MUNCIE</u> ST <u>IN</u> ZIP _____	Title <u>SEC</u> Hr/WK _____					
Name <u>MERRILL GREENE</u> Str City <u>MUNCIE</u> ST <u>IN</u> ZIP _____	Title <u>TREAS</u> Hr/WK _____					
Name <u>JUD FISHER</u> Str City <u>MUNCIE</u> ST <u>IN</u> ZIP _____	Title <u>DIR</u> Hr/WK _____					
Name <u>MARY JOHNSON</u> Str City <u>MUNCIE</u> ST <u>IN</u> ZIP _____	Title <u>DIR</u> Hr/WK _____					
Name <u>RAY MONTAGNO</u> Str City <u>MUNCIE</u> ST <u>IN</u> ZIP _____	Title <u>DIR</u> Hr/WK _____					
Name <u>ELISSA MCDONALD</u> Str City <u>MUNCIE</u> ST <u>IN</u> ZIP _____	Title <u>DIR</u> Hr/WK _____					
Name <u>STEVE BASSET</u> Str City <u>MUNCIE</u> ST <u>IN</u> ZIP _____	Title <u>DIR</u> Hr/WK _____					
Name <u>GINA BRADBURN</u> Str City <u>MUNCIE</u> ST <u>IN</u> ZIP _____	Title <u>DIR</u> Hr/WK _____					
Name <u>BOB GORTNER</u> Str City <u>MUNCIE</u> ST <u>IN</u> ZIP _____	Title <u>DIR</u> Hr/WK _____					
Name <u>GARY CHENAULT</u> Str City <u>MUNCIE</u> ST <u>IN</u> ZIP _____	Title <u>DIR</u> Hr/WK _____					
Name <u>GAY NATION</u> Str City <u>MUNCIE</u> ST <u>IN</u> ZIP _____	Title <u>DIR</u> Hr/WK _____					
Name <u>JIM WINGATE</u> Str City <u>MUNCIE</u> ST <u>IN</u> ZIP _____	Title <u>DIR</u> Hr/WK _____					
Name <u>ROGER LAVERY</u> Str City <u>MUNCIE</u> ST <u>IN</u> ZIP _____	Title <u>DIR</u> Hr/WK _____					
Name _____ Str City _____ ST _____ ZIP _____	Title _____ Hr/WK _____					
Name _____ Str City _____ ST _____ ZIP _____	Title _____ Hr/WK _____					
Name _____ Str City _____ ST _____ ZIP _____	Title _____ Hr/WK _____					
Name _____ Str City _____ ST _____ ZIP _____	Title _____ Hr/WK _____					

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity. . . . .		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes . . . . .		X
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, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? . . . . .		X
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N . . . . .		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b>		
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		X
38 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 unpaid at the start of the period covered by this return? . . . . .		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b>		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>		
b	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>		
40 a	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 (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I . . . . .		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ _____		
d	Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
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. . . . .		X
41	List the states with which a copy of this return is filed. ▶ IN		
42 a	The books are in care of ▶ Name MERRILL GREENE CPA Telephone no. ▶ (765) 744-0409 Located at ▶ 330 E MAIN ST City MUNCIE ST IN ZIP + 4 ▶ 47305		
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)? . . . . .	Yes	No
	If "Yes," enter the name of the foreign country: ▶ _____		X
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .		X
	If "Yes," enter the name of the foreign country: ▶ _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>   N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		X
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 . . . . .		X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51.

- |   |            | Yes | No |
|---|------------|-----|----|
| <b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. . . . . | <b>46</b>  |     |    |
| <b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. . . . .   | <b>47</b>  |     |    |
| <b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .  | <b>48</b>  |     |    |
| <b>49 a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .   | <b>49a</b> |     |    |
| <b>b</b> If "Yes," was the related organization(s) a section 527 organization? . . . . .  | <b>49b</b> |     |    |
- 50** Complete this table for the 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
Name <b>None</b> . . . . . Str . . . . . City . . . . . ST . . . . . ZIP . . . . .	Title . . . . . Hr/WK . . . . .			
Name . . . . . Str . . . . . City . . . . . ST . . . . . ZIP . . . . .	Title . . . . . Hr/WK . . . . .			
Name . . . . . Str . . . . . City . . . . . ST . . . . . ZIP . . . . .	Title . . . . . Hr/WK . . . . .			
Name . . . . . Str . . . . . City . . . . . ST . . . . . ZIP . . . . .	Title . . . . . Hr/WK . . . . .			
Name . . . . . Str . . . . . City . . . . . ST . . . . . ZIP . . . . .	Title . . . . . Hr/WK . . . . .			
Total number of other employees paid over \$100,000 ▶				

**51** Complete this table for the 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
Name <b>None</b> . . . . . Str . . . . . City . . . . . ST . . . . . ZIP . . . . .		
Name . . . . . Str . . . . . City . . . . . ST . . . . . ZIP . . . . .		
Name . . . . . Str . . . . . City . . . . . ST . . . . . ZIP . . . . .		
Name . . . . . Str . . . . . City . . . . . ST . . . . . ZIP . . . . .		
Name . . . . . Str . . . . . City . . . . . ST . . . . . ZIP . . . . .		
Total number of other independent contractors each receiving over \$100,000 . . . . . ▶		

**Sign Here**

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

Signature of officer: **MERRILL GREENE** Date: \_\_\_\_\_  
 Type or print name and title: **TREASURER**

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Firm's name (or yours if self-employed), address, and ZIP +4: \_\_\_\_\_  
 Check if self-employed:  Preparer's Identifying Number (See instructions): \_\_\_\_\_  
 EIN: \_\_\_\_\_  
 Phone no.: \_\_\_\_\_

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