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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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 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*

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning JULY 01 **, 2008, and ending** JUNE 30 **, 20**09

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization
ROTARY INTERNATIONAL FRANKLIN ROTARY CLUB

Number and street (or P O box, if mail is not delivered to street address) Room/suite
P.O. BOX 82

City or town, state or country, and ZIP + 4
FRANKLIN, IN 46131

D Employer identification number
35-6042880

E Telephone number
(317) 885-0808

F Group Exemption Number ▶ 0573

* *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: ▶

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 ▶ $ 56,024.

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

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	39,803.
	4	Investment income		4	2,127.
	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) (attach schedule)		5c	0.
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a 14,094.		
	b	Less direct expenses other than fundraising expenses	6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	14,094.
	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	0.
	8	Other revenue (describe ▶ _____)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	56,024.
Expenses	10	Grants and similar amounts paid (attach schedule)		10	27,487.
	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	
	16	Other expenses (describe ▶ SEE ATTACHED SCHEDULE)		16	30,485.
	17	**Total expenses.** Add lines 10 through 16 ▶		17	57,972.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-1,948.
	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	59,204.
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	57,256.

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
22 Cash, savings, and investments	59,204.	22	57,256.
23 Land and buildings		23	
24 Other assets (describe ▶ _____)		24	
25 **Total assets**	59,204.	25	57,256.
26 **Total liabilities** (describe ▶ _____)		26	
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	59,204.	27	57,256.

Part III Statement of Program Service Accomplishments (See the instructions for Part III)

What is the organization's primary exempt purpose? A SERVICE ORGANIZATION

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

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

28 MAKE CHARITABLE CONTRIBUTIONS TO VARIOUS TAX EXEMPT ORGANIZATIONS

(Grants $ 27,487.) If this amount includes foreign grants, check here ☐ **28a** 27,487.

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 (attach schedule)

(Grants $) If this amount includes foreign grants, check here ☐ **31a**

32 Total program service expenses (add lines 28a through 31a) **32** 27,487.

Part IV List of Officers, Directors, Trustees, and Key Employees. 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
SEE ATTACHED SCHEDULE		0.		
		0.		
		0.		
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		0.		

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	33		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	34		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?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
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 unpaid at the start of the period covered by this return?	38a		X
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 (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	40b		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	40e		X

41 List the states with which a copy of this return is filed ▶ INDIANA

42a The books are in care of ▶ GREG MOORE Telephone no ▶ (317) 346-6604
Located at ▶ P.O. BOX 82, FRANKLIN, IN ZIP + 4 ▶ 46131

			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		X
	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.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		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 **Form 1041**—Check here ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		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	45		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. N/A

		Yes	No
46	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		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization operating a school as 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?		
b	If "Yes," was the related organization(s) a section 527 organization?		

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
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
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] ✓ 15 Dec 09
Signature of officer Date

✓ Greg Moore, Treasurer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ C. Allen Anderson Date 12/7/09 Check if self-employed ▶ ☐ Preparer's Identifying Number (See instructions) P00266608

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ C ALLEN ANDERSON & ASSOCIATES, PC
701 W MADISON, SUITE B, FRANKLIN, IN 46131
EIN ▶ 35-1614946
Phone no ▶ (317) 736-6222

May the IRS discuss this return with the preparer shown above? See instructions ▶ [X] Yes [ ] No

ROTARY INTERNATIONAL FRANKLIN ROTARY CLUB

FED ID: **35-6042880** **FISCAL YEAR ENDED: 6/30/2009**

990EZ SCHEDULE

PART 1,EXPENSES LINE 10, GRANTS AND SIMILAR AMOUNTS PAID

ROTARY FOUNDATION	11,900
INTERCHURCH FOOD PANTRY	3,337
HEAD START	2,500
VARIOUS ORGANIZATIONS	4,188
JJCOAD	5,362
SPEECH CONTEST	200
	$ 27,487

PART 1, LINE 16, OTHER EXPENSES

MEALS FOR WEEKLY LUNCHEONS	15,694
DISTRICT DUES & ASSESSMENTS	2,421
INTERNATIONAL DUES	4,329
MISCELLANEOUS	3,972
OFFICE SUPPLIES	50
POSTAGE	58
SUPPLIES	247
WEB SITE	358
EVENT MEALS	3,356
	30,485

PART IV, - LIST OF OFFICERS AND DIRECTORS

NAME & ADDRESS	TITLE & HOURS PER WEEK	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFITS	EXPENSE ACCOUNT & OTHER ALLOWANCES
BEVERLY MARTIN 401 STATE STREET FRANKLIN, IN 46131	PRES. ELECT MINIMAL	0	0	0
JUSTIN FURR 486 E. STOP 18 ROAD GREENWOOD, IN 46142	PRESIDENT MINIMAL	0	0	0
DENNIS TYLER 7376 E 50 N FRANKLIN, IN 46131	PAST PRES. MINIMAL	0	0	0
STEPHANIE WAGNER 1500 N. MORTON ST. FRANKLIN, IN 46131	SECRETARY MINIMAL	0	0	0

ROTARY INTERNATIONAL FRANKLIN ROTARY CLUB

FED ID: **35-6042880** **FISCAL YEAR ENDED: 6/30/2009**

990EZ SCHEDULE

GREG MOORE 1611 TURNING LEAF DR. FRANKLIN, IN 46131	TREASURER MINIMAL	0	0	0
KIRK BIXLER 2614 W. ST. RD. 44 FRANKLIN, IN 46131	SGT-AT-ARMS MINIMAL	0	0	0
CAROL CHAPPEL 1070 W. JEFFESON FRANKLIN, IN 46131	DIRECTOR MINIMAL	0	0	0
STEVE BROWN 195 CENTER CT. FRANKLIN, IN 46131	DIRECTOR MINIMAL	0	0	0
CHRIS COSNER 75 DECOURCEY LANE FRANKLIN, IN 46131	DIRECTOR MINIMAL	0	0	0
BOB HEUCHAN 916 S. LAKE DR. FRANKLIN, IN 46131	DIRECTOR MINIMAL	0	0	0
BEVERLY MARTIN 401 STATE STREET FRANKLIN, IN 46131	DIRECTOR MINIMAL	0	0	0

Form **8868** (Rev April 2008)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

OMB No 1545-1709

* If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ..... ▶ [X]
* If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ..... ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (*e-file*). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit *www irs.gov/efile* and click on *e-file for Charities & Nonprofits*

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization	**Employer identification number**
	ROTARY INTERNATIONAL FRANKLIN ROTARY CLUB	35-6042880
	Number, street, and room or suite no If a P O box, see instructions. P.O. BOX 82	
	City, town or post office, state, and ZIP code For a foreign address, see instructions FRANKLIN, IN 46131	

Check type of return to be filed (file a separate application for each return)

[ ] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec 401(a) or 408(a) trust)	[ ] Form 5227
[X] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

* The books are in the care of ▶ GREG MOORE

Telephone No ▶ (317) 346-6604 FAX No ▶

* If the organization does not have an office or place of business in the United States, check this box ..... ▶ [ ]
* If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)_____ If this is for the whole group, check this box ..... ▶ [ ] If it is for part of the group, check this box ..... ▶ [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for
▶ [ ] calendar year 20 _____ or
▶ [X] tax year beginning 07/01, 20 08, and ending 06/30, 20 09.

2 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	**3a**	$ 0.
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	**3b**	$
c	**Balance Due.** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	**3c**	$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions. Form **8868** (Rev 4-2008)

BKA