



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490





<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? TO FOSTER THE ADVANCEMENT OF GOODWILL AND PEACE THROUGH FELLOWSHIP AND COMMUNITY SERVICE			
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> YOUTH PROGRAMS INCLUDING STUDENT FOREIGN EXCHANGE PROGRAM, YOUTH CAMPS, AND YOUTH EDUCATIONAL PROGRAMS (Grants \$ 10,840) If this amount includes foreign grants, check here <input type="checkbox"/>		<b>28a</b>	15,482
<b>29</b> COMMUNITY ENHANCEMENTS AND DEVELOPMENT GRANTS TO SUPPORT LOCAL NON-PROFIT ORGANIZATIONS THAT DIRECT THEIR EFFORTS TO IMPROVING THE QUALITY OF LIFE IN THE COMMUNITY (Grants \$ 24,015) If this amount includes foreign grants, check here <input type="checkbox"/>		<b>29a</b>	24,015
<b>30</b> GROUP STUDY EXCHANGE PROGRAMS CONDUCTED TO EDUCATE PARTICIPANTS AND FOSTER ADVANCEMENT OF GOODWILL AND COMMUNITY SERVICE (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		<b>30a</b>	437
<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>	39,934
<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
See Additional Data Table				

Additional Data

Software ID:

Software Version:

EIN: 38-6094588

Name: ROTARY INTERNATIONALMIDLAND ROTARY


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
BLAKE C HINE 5645 BLOOMFIELD COURT MIDLAND, MI 48641	TREASURER 4	0		
MARTY MCGUIRE 2910 VALLEY DR MIDLAND, MI 48640	PAST PRES 4	0		
LAURIE SHOOLTZ 2202 WHUCKLEBERRY RD SANFORD, MI 48657	PRESIDENT 4	0		
R DRUMMOND BLACK 4553 S SAGINAW RD MIDLAND, MI 48640	PRES-ELECT 4	0		
CHRIS VELASQUEZ 208 SYLVAN LANE MIDLAND, MI 48640	V PRES/SEC 4	0		
JIM NIGRO 5808 SUTTON PLACE MIDLAND, MI 48640	DIRECTOR 4	0		
JAN MCGUIRE 2910 VALLEY DR MIDLAND, MI 48640	DIRECTOR 4	0		
RALPH BROZZO 3820 OLD PINE TRAIL MIDLAND, MI 48642	DIRECTOR 4	0		
JERRY KOLE 4845 N ANNA LN SANFORD, MI 48657	DIRECTOR 4	0		
MICHELLE EVERETT 4116 ARBOR DR MIDLAND, MI 48640	DIRECTOR 4	0		
CHRISTIN SCHWENKE 5 CRESCENT CT MIDLAND, MI 48640	DIRECTOR 4	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	No
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	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> 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 6033(e) notice, reporting, and proxy tax requirements? . . . . .	35a	No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> 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	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b	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 unpaid at the start of the period covered by this return? . . . . .	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	38b	
39	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	No
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? . . . . .	40e	No
41	List the states with which a copy of this return is filed ▶		
42a	The books are in care of ▶ BLAKE HINE Telephone no ▶ (989) 496-2440 5645 BLOOMFIELD COURT Located at ▶ MIDLAND, MI ZIP + 4 ▶ 48641		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶	43	
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No
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	No

complete the tables for lines 50 and 51.

<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>Yes</b>	<b>No</b>
<b>47</b>	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
<b>48</b>	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E		
<b>49a</b>	Did the organization make any transfers to an exempt non-charitable related organization?		
<b>b</b>	If "Yes," was the related organization(s) a section 527 organization?		
<b>50</b>	Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization. If there are 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 are 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 receiving over \$100,000		

Please 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				
	*****		2010-03-08		
	Signature of officer		Date		
	R DRUMMOND BLACK TREASURER Type or print name and title				
Paid Preparer's Use Only	Preparer's signature DANIEL R WAMHOFF		Date 2010-03-12	Check if self-employed <input type="checkbox"/>	Preparer's PTIN (See Gen Inst X)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ANDREWS HOOPER & PAVLIK PLC 5915 EASTMAN AVE STE 100 MIDLAND, MI 486402590		EIN 12-3456789		
			Phone no (989) 835-7721		

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

**TY 2008 Compensation Explanation****Name:** ROTARY INTERNATIONALMIDLAND ROTARY**EIN:** 38-6094588

Person Name	Explanation
BLAKE C HINE	
MARTY MCGUIRE	
LAURIE SHOOLTZ	
R DRUMMOND BLACK	
CHRIS VELASQUEZ	
JIM NIGRO	

Person Name	Explanation
JAN MCGUIRE	
RALPH BROZZO	
JERRY KOLE	
MICHELLE EVERETT	
CHRISTIN SCHWENKE	



# TY 2008 Other Expenses Schedule

**Name:** ROTARY INTERNATIONALMIDLAND ROTARY

**EIN:** 38-6094588

Description	Amount
EXPENSES	
DISTRICT DUES	4,843
INTERNATIONAL DUES	10,753
MEALS	678
TRAINING	770
STATIONARY AND POSTAGE	798
PROFESSIONAL FEES	350
COUNTRY FLAGS/BADGES	655
CLUBMATE SOFTWARE/WEBSITE	821
MISCELLANEOUS	542
YOUTH ACTIVITIES & MISC.	4,642
GROUP STUDY EXCHANGE	437
PO BOX	94
SPIRIT OF ROTARY MEETING	2,562
INSURANCE	200
SOCIAL EVENTS	50

TY 2008 Other Revenues Schedule

**Name:** ROTARY INTERNATIONALMIDLAND ROTARY

**EIN:** 38-6094588

Description	Amount
MISCELLANEOUS	1,167