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DLN: 93492074010110

OMB No 1545-1150

2008

Form **990-EZ**

Department of the Treasury

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 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

Open to Public

Interna	al Revenu	ue Service		d total assets less than \$2,500,000 organization may have to use a copy of	•	•		ements	5.	Inspection	
			r year, or	tax year beginning 07-01-2008	, and ending	06-30-200	19				
_	PIGAGE DOTARY INTERNATIONAL MAIN DOTARY						Employer identification number				
		change	use IRS label or					38-60	94588	3	
_	Name change label or print or Initial return Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telepl						Teleph	one n	umber		
_	ınıaı rei erminat		type. See	10 0000000				(989) 631-3236			
_		d return	Specific	City or town, state or country, and ZIP -	- 4	<u> </u>	F	Group	Exem	ption	
_		on pending	Instruc- tions.	MIDLAND, MI 486412002				Numbe	er	•	
									_		
* Se	ection			ons and 4947(a)(1) nonexempt cha mpleted Schedule A (Form 990 or			ounting meth er (specify) l		√ Ca	sh FAccrual	
T 14/	- 6-:4 -	. ► N⁄A				H C	neck 🕨 🔽	ıfthe	orgar	nızatıon	
			ck only one	2)— 501(c) (4) 4 (insert no) 494	17(a)(1) or 527		not required)0 E7 ~~000 DE)	
		_		is not a section 509(a)(3) supportin						90-EZ, or 990-PF)	
				i, but if the organization chooses to					17 110	t more than	
L Add	l lines 5	5b, 6b, and 7b, to	line 9 to d	etermine gross receipts, if \$1,000,000 or m	ore, file Form 990 instea	ad of Form 9	990-EZ	▶ \$		76,024	
Pa	rt I	Revenue	, Exper	nses, and Changes in Net As	sets or Fund Ba	alances	(See the ins	tructio	ns fo	r Part I)	
	1	Contribution	s, gıfts, gı	rants, and sımılar amounts received				Ļ	1	1,885	
	2	Program serv	vice rever	nue including government fees and o	ontracts			L	2		
	3	Membership	dues and	assessments					3	40,580	
	4	Investment	ncome						4	480	
	5a	Gross amour	nt from sa	le of assets other than inventory		5a		Ī			
<u>o</u>	ь	Less cost o	r other ba	sis and sales expenses		5b					
Ę	_c	Gain or (loss) from sal	le of assets other than inventory (S	ubtract line 5b from	line 5a) (a	attach sched	ule)	5c		
Revenue	6	•	its an <u>d a</u> c	tivities (complete applicable parts				· · ·			
	a		•	cluding \$of contribution	าร						
	"	reported on I	•			6a	31	,912			
	١.	•	,	other than fundraising expenses				,088			
	Ь		•	• •		6b		,088			
	C	Net income o	or (loss) fi	rom special events and activities (S	uptract line 6b from	iline 6a)		•	6c	25,824	
	 7a	Gross sales	ofinvento	ory, less returns and allowances		7a		F			
	ь	Less cost o				7b					
			•	from sales of inventory (Subtract lin	e 7h from line 7a)	7.5					
	"	• •	01 (1033)1	Tom sales of inventory (Subtract in	e / b iroin iiile / a /	• •		•	7c		
	8	Other revenu	ue (descri	be ▶ ®				_, [8	1,167	
	9			es 1, 2, 3, 4, 5c, 6c, 7c, and 8)			🕨		9	69,936	
	10	Grants and s	ımılar am	ounts paid (attach schedule) .					10	34,855	
	11	Benefits paid		•				F	11	,	
	12	·		nsation, and employee benefits .				.	12		
ιΛ Δι	13	•	•	other payments to independent con	tractors			.	13		
Ş	14			ties, and maintenance				`	14	1,547	
Expenses	1	, ,,	•	,				·		1,547	
ш	15	-, .	,	postage, and shipping				-	15	28,195	
	16	Other expen						_)	16		
	17	<u> </u>	•	nes 10 through 16)	• • • •	• •			17	64,597	
NetAssets	18	Excess or (d	eficit) for	the year (Subtract line 17 from line	9)			٠ ١	18	5,339	
5 5	19	Net assets o	r fund bal	lances at beginning of year (from lin	e 27, column (A)) (r	nust agre	e with				
3		end-of-vear	fiaure rep	orted on prior year's return) .					19	74,083	
Z	20	•		assets or fund balances (attach exp				ŀ	20	,	
	1	_		lances at end of year (combine lines	•			F		79,422	
Da	21 Tt #1			. ,		0 or more		0 15-1	21	, ,	
Ρđ		Datatice		—If Total assets on line 25, column he instructions for Part II)	(b) are \$2,500,000		nning of yea			B) End of year	
วา	Cach	, savings, and			-	(A) Deg	74,083	$\overline{}$		79,422	
		·	vestille				77,003	23	\vdash	79,422	
		and buildings			′. ⊦						
		rassets (desc	ride 🖛)			24	\vdash		
		assets .					74,083	 	,		
		liabilities (de	-	(1, 27, 6, 1, 72)				26	-		
27	Net a			(line 27 of column (B) must agree w			74,083	27	<u> </u>	79,422	

Part IIII Statement of Program	Service Accomplishn	nents (See the instruction	ns for Part III)		Expenses		
What is the organization's primary exempt purpose? TO FOSTER THE ADVANCEMENT OF GOODWILL AND PEACE THROUGH FELLOWSHIP AND COMMUNITY SERVICE					(Required for 501(c)(3) and (4) organizations an 4947(a)(1) trusts,		
Describe what was achieved in carrying ou describe the services provided, the numbe title	optional for others)						
28 YOUTH PROGRAMS INCLUDING STU YOUTH EDUCATIONAL PROGRAMS (Grants \$ 10,840) If the	DENT FOREIGN EXCHANG	,	,	20-	15.400		
29 COMMUNITY ENHANCEMENTS AND ORGANIZATIONS THAT DIRECT THEIR COMMUNITY	DEVELOPMENT GRANTS	TO SUPPORT LOCAL G THE QUALITY OF LI	NON-PROFIT	28a 29a	15,482 24,015		
30 GROUP STUDY EXCHANGE PROGRAM ADVANCEMENT OF GOODWILL AND CO	1S CONDUCTED TO EDUC	CATE PARTICIPANTS	AND FOSTER	30a	437		
31 O ther program services (attach schedu (Grants \$) If the	le) s amount includes foreign		▶┌	31a			
32 Total program service expenses (add lin				32	39,93		
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit p deferred compens	s to lans &	(e) Expense		
See Additional Data Table							

Software ID: Software Version:

EIN: 38-6094588

Name: ROTARY INTERNATIONAL MIDLAND 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 202 W HUCKLEBERRY 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 20 2910 VALLEY DR MIDLAND, MI 48640	DIRECTOR 4	0		
RALPH BROZZO 🔁 3820 OLD PINE TRAIL MIDLAND, MI 48642	DIRECTOR 4	0		
JERRY KO LE 20 4845 N ANNA LN SANFORD, MI 48657	DIRECTOR 4	0		
MICHELLE EVERETT S 4116 ARBOR DR MIDLAND, MI 48640	DIRECTOR 4	0		
CHRISTIN SCHWENKE 5 CRESCENT CT MIDLAND, MI 48640	DIRECTOR 4	0		

Pa	rt 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			Νο			
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			N o			
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						
а	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?			No			
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		Νο			
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?	37ь		Νo			
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		Νo			
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b						
39	501(c)(7) organizations. Enter						
а	Initiation fees and capital contributions included on line 9 39a						
ь	Gross receipts, included on line 9, for public use of club facilities						
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under						
	section 4911 •, section 4912 •, section 4955 •						
	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	40ь		N o			
d	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958						
e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?			No			
41	List the states with which a copy of this return is filed 🕨						
42a	The books are in care of ElaKE HINE Telephone no (989)	496-2	440				
	5645 BLOOMFIELD COURT Located at MIDLAND, MI ZIP + 4 4641						
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	ſ	Yes	No No			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		Νο			
	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 ${}^\circ$	42c		Νο			
	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		▶	_			
		ſ	Yes	Nc Nc			
44	Did the organization maintain any denoted and a 2 Tf Wee!! Form 000 much be seen letter with a		162	No			
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44		Νο			
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	44		IN U			
	"Yes", Form 990 must be completed instead of Form 990-EZ.	45		Νο			

Form 9	990-E	Z (2008)							Page 4
Par	t VI	Section 501(c)(3) orga	nizations only. All and		ganızatıons	must answer	questi	ons 46	-49
		complete the tables for lir		I					
46	Did the	e organization engage in direct	or indirect political cam	paign activities on beha	alf of or in opp	osition to		Yes	No
	candıd	ates for public office? If "Yes,"	complete Schedule C, P	art I			46		
47	Did the	e organization engage in lobbyi	ng activities? If "Yes," c	omplete Schedule C, P	art II		47		
48	Is the	organization operating a schoo	l as described in sectior	n 170(b)(1)(A)(ıı)? If "y	es," complete	Schedule E	48		
49a	Did the	e organization make any transfe	ers to an exempt non-ch	arıtable related organız	ation?		49a		
b	If"Yes	s," was the related organization	(s) a section 527 organi	zation?			49b		
		ete this table for the five highe ed more than \$100,000 of com					employ	/ees) w	ho
	lame a	nd address of each employee I more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Cont	tributions to penefit plans & compensation	ad	e) Exper count a	and
			'			·			
Total	numbe	r of other employees paid over \$100,000 ►							
 51	Compl	ete this table for the five highe	l st compensated indepen	dent contractors who e	ach received	more than \$100	0.000 d	of	
	compe	nsation from the organization	If there are none, enter "	None "					
	(a) Na	me and address of each indepe	ndent contractor paid mo	ore than \$100,000	(b) Type	ofservice	(c) C	ompen	sation
Total	numbe	r of other independent contract	tors receiving over \$100	000					
		·		·	schodules and st	atamants and to t	ha hast e	ef mu len	awlodgo
		Under penalties of perjury, I declare to and belief, it is true, correct, and com							
Pleas Sign	se	***** Signature of officer			2010-0 Date	03-08			
Here		R DRUMMOND BLACK TREASURER	₹						
		Type or print name and title							
Paid		Preparer's DANIEL R WAMHOFF		.010-03-12 s	check if elf- empolyed •	Preparer's PTIN ((See Gen	Inst X)	
Prepa Use O	nlv	ıf self-employed),	HOOPER & PAVLIK PLC			EIN Þ			
-55 0	,		MAN AVE STE 100			Phone no ▶ (9	89) 835-7721		
		MIDLAND, I	MI 486402590						

May the IRS discuss this return with the preparer shown above? See instructions $\dots \dots \dots \dots \dots$

No

▼ Yes

efile GRAPHIC print - DO NOT PROCESS As Filed Data -	DLN: 93492074010110
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TY 2008 Compensation Explanation

Name: ROTARY INTERNATIONALMIDLAND ROTARY

EIN: 38-6094588

Person Name	Explanation
BLAKE C HINE	
MARTY MCGUIRE	
LA URIE 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