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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

Private foundation

Sponsonng 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 \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

OMB No 1545-1150

Open to Public Inspection Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010 Check if applicable D Employer identification number C Name of organization Please Address change use IRS label or Name Ichange VALPARAISO ROTARY CLUB 31-1053610 print or Initial return Number and street (or P O box, if mail is not delivered to street address) E Telephone number Room/suite Specific P.O. BOX 522 Termin-ated 219-477-2733 City or town, state or country, and ZIP + 4 Amended F Group Exemption tions VALPARAISO, IN 46383 Number -G Accounting method X Cash Accrual Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) ▶ Website ► N/A H Check ► X if the organization is not Tax-exempt status (check only one) - \times 501(c) (4) \rightarrow (insert no) \longrightarrow 4947(a)(1) or ____ 527 required to attach Schedule B (Form 990, 990-EZ, or 990-PF) if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return 59584. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I) 947. Contributions, gifts, grants, and similar amounts received Program service revenue including government fees and contracts 2 58630. 3 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5b Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5с Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here Gross revenue (not including \$ of contributions reported on line 1) 6a 6b Less direct expenses other than fundraising expenses Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c Gross sales of inventory, less returns and allowances 7a 7b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Other revenue (describe 8 8 59584 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 g 9 25959 10 Grants and similar amounts paid (attach schedule) 10 600 NOV 1 1 2010 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractor 13 OGDEN. UT 14 Occupancy, rent, utilities, and maintenance 14 658 15 Printing, publications, postage, and shipping 15 See Statement 1) 22635. 16 Other expenses (describe 16 49252. 17 Total expenses. Add lines 10 through 16 17 10332. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 25458. (must agree with end-of-year figure reported on prior year's return) 19 20 Other changes in net assets or fund balances (attach explanation) 20 21 35790. 21 Net assets or fund balances at end of year. Combine lines 18 through 20 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year (B) End of year 43500. 40356. 22 Cash, savings, and investments 22 23 23 Land and buildings 24 Other assets (describe 24 43500. 40356. 25 25 Total assets 18042. See Statement 2) 4566. 26 Total liabilities (describe 26 25458. 27 35790. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

> Form **990-EZ** (2009) ROTARY 1

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions

Fori	n 990-ÉZ (2009) VALPARAISO ROTARY CLUB			31-	-105	36	10	, Page :
	art III Statement of Program Service Accomplishmen	nts (See the instructions for	Part III)			Ex	Denses	
	at is the organization's primary exempt purpose? See Statement				(Requ		section 5	01(c)(3)
	scribe what was achieved in carrying out the organization's exempt pur		lee manner desc	ribe			organizat	
	services provided, the number of persons benefited, and other relevan			IIDE		on 4947 hers)	(a)(1) trust	s, optiona
	PROVIDED GRANTS USED BY THE COMMUNI				10.01	,,,,,		
20	AND SERVICE OPPORTUNITIES	II TOK DHVIIIO	11111111					
	AND SERVICE OFFCRIONTILES		•					
	11500							
	(Grants \$ 11500.) If this amount includes foreign g		NITON	<u> </u> Ш	28a			
29	PROVIDED FUNDING AND GRANTS TO INVO		NITY					
	IN AWARENESS OF WORLD COMMUNITY SER	VICE						
	(Grants \$ 3500 •) If this amount includes foreign g		<u> </u>	·	29a			
30	PROVIDED FUNDING AND GRANTS IN ORDE	R TO FURTHER	YOUTH					-
	SERVICE AND SUPPORT YOUTH IN COMMUN	ITY AND WORLD	SERVICE		1 1			
					1			
	(Grants \$ 3300 •) If this amount includes foreign g	rants, check here	•		30a			
31	Other program services (attach schedule)							
•	(Grants \$) If this amount includes foreign g	rants, check here	•	. []	31a			
32	Total program service expenses (add lines 28a through 31a)	rants, encok nere		<u> </u>	32			0.
	ert IV List of Officers, Directors, Trustees, and Key E	mnlovees that sach one or	on it not company to	/Coo.th		tions fr	r Dort N/	
	art ty List of Officers, Directors, Trustees, and Key L	TIPICY 063. List each one ev	en ir not compensated		ontribu		Part IV)	
		(b) Title and average hours	(c) Compensation		emplo\		(e) Ex	pense
	(a) Name and address	per week devoted to	(If not paid, enter	١,٠٠	efit plar		accou	nt and
		position	-0-)	1	deferre	·	other all	owances
				con	npensa	tion		
		PRESIDENT	_					
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GE	NE NOVELLO	PRESIDENT-ELE	CT					
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SI	EPHEN MASSA	PRESIDENT-NOM	INEE					
VI	LPARAISO, IN 46383	10.00	0.	,		0.		0.
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Form **990-EZ** (2009)

932172 02-08-10

	TX V Other Information (Note the statement requirements in the instructions for Part V.)		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? 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 why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,	ĺ	ĺ	
	and proxy tax requirements?	35a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	A
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Sch. N	36	i	Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
	Did the organization file Form 1120-POL for this year?	37ь		X
	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 period covered by this return?	38a	ĺ	X
h	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter	1		
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities 39b N/A	1		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	1		
100	section 4911 ► N/A , section 4912 ► N/A , section 4955 ► N/A			
h	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the			1
_	year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction			İ
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
e	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers.	700		
٠	or disqualified persons during the year under sections 4912, 4955, and 4958			
А	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
	organization			
ρ	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
٠	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed IN	706	<u> </u>	1
	The organization's books are in care of ► TIMOTHY WARNER Telephone no ► 219-47	7-2	733	
		638		<u>'</u>
h	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		Yes	No
	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		l	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		•	
		N/A		ш
	40	14/11		
			Voc	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		. 53	110
	Form 990-EZ	44		Х
	1 01111 000 66	1 44		1 1
45	Is any related organization a controlled entity of the organization within the meaning of section 512/h\/13\/2 if *Vec * Form 000 must be		~	
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		Х

45 bit the organization engage in direct or indirect pollution confice? If "Yes," complete Schedule C, Part II 47 bit the organization engage in direct or indirect pollution confice? If "Yes," complete Schedule C, Part II 48 bit the organization engage in direct pollution confice? If "Yes," complete Schedule C, Part II 48 bit the organization engage in direct pollution confice pollution organization sepage in divergence of the property of the property of the organization sepage in divergence to an exempt on exchange to an exempt on exchange to an exempt on exchange to a complete bits table for the organization is the 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 such employee paid more than \$100,000 of compensation from the organization is the highest compensated independent contractors who each received more than \$100,000 of compensation from the organization is the input of the employees paid over \$100,000 of compensation from the organization is the highest compensated independent contractors who each received more than \$100,000 of compensation from the organization is the highest compensated independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter "None" 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 2 Total number of other employees paid over \$100,000 3 Total number of other employees paid over \$100,000 4 Total number of other employees paid over \$100,000 4 Total number of other employees paid over \$100,000 5 Total number of other employees paid over \$100,000 5 Total number of other employees paid over \$100,000 5 Total number of other employees paid over \$100,000 6 Total number of other employees paid over \$100,000 6 Total number of other employe	Par	ťVI	Section 501(c)(3) organizations and section organizations and section 4947(a)(1) nonexempt charitable and 51.							
17 Dut the organization engage in lobbying activities? If "Yes," complete Schedule C. Part II 48 49 49 49 49 49 49 49	46 [old the	e organization engage in direct or indirect political campaign activities	on behalf of or in opposition to	candidates for public	2		Yes	No	
Is the organization as school as described in section 170(b)(1)(A)(e)? If "Yes," complete Schedule E 48	c	ffice?	P if "Yes," complete Schedule C, Part I				46			
Did the organization make any transfers to an exempt non-charitable related organization? ■ 17 Vest, "was the related organization a section 527 organization? ■ 17 Vest," was the related organization as section 527 organization? ■ 18 Vest, "was the related organization as person 527 organization? ■ 18 Vest, "was the related organization as person 527 organization? ■ 18 Vest, "was the related organization as person 527 organization? ■ 18 Vest, "was the related organization as person 527 organization? ■ 18 Vest, "was the related organization as person 527 organization? ■ 18 Vest, "was the related organization as person 527 organization? ■ 18 Vest, "was the related organization from the organization from the organization from the organization from the organization organization from the organization of their employees paid over \$100,000 ■ 18 Vest, "was the related organization and the relation of the position of the relation of the relat	47 [)ıd th	e organization engage in lobbying activities? If "Yes," complete Sci	nedule C, Part II						
b If Yes,* was the related organization a section 527 organization? 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 2 Total number of other employees paid over \$100,000 3 Name and address of each imdependent contractors are improved in the received interest in the organization of the employee interest interest in the organization of the employee interest interes			•					-		
Complete this table for the organization if there is none, enter None* (a) Name and address of each employee paid more than \$100,000 of compensation from the organization if there is none, enter None* (b) Title and average hours per week devoked to position (c) Compensation (d) Contributions to employee account and solid to position (e) Compensation (e) Compensation (e) Compensation (f) Comp			·	organization?						
(a) Name and address of each employee paid more than \$100,000 I Total number of other employees paid over \$100,000 I Total number of other employees paid			•						<u> </u>	
(a) Name and address of each employee paid more than \$100,000 N/A 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter *Nove** N/A (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation from the organization from the organization from the organization from the organization of which prepare than \$100,000 of compensation from the organization of which prepare has any knowledge and belief, it is true, compensation of which prepare has any knowledge and belief, it is true, compensation of which prepare has any knowledge and belief, it is true, compensation of which prepare has any knowledge and belief, it is true, compensation of which prepare has any knowledge and belief, it is true, compensation of which prepare has any knowledge and belief, it is true, compensation of which prepare has any knowledge and belief, it is true, compensation of which prepare has any knowledge and belief, it is true, compensation of which prepare has any knowledge and belief, it is true, compensation of which prepare has any knowledge and belief, it is true, compensation of which prepare has any knowledge and belief, it is true, compensation of which prepare has any knowledge and belief, it i					s, trustees and key e	mpioyees) who e	ach rec	eivea	more 	
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" N/A (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000			than \$100,000	per week devoted to	d average hours (c) Compensation to employee benefit plans 8 deferred		(e) Exper account a other allow		it and	
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" N/A (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000										
d Total number of other independent contractors each receiving over \$100,000 Under penalties of penungly declare that I hade examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, comes and obspice of penungly declare that I hade examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, comes and obspice of penungly declare that I hade examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, comes and my knowledge	51 (Comp	lete this table for the organization's five highest compensated indepensation. If there is none, enter "None" N/A							
Sign Here Under penalties of penuncy declare that i have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correctly and complete Disparation of preparir (other than officer) is based on all information of which preparer has any knowledge TIMOTHY WARNER, TREASURER			(a) Name and address of each independent contractor paid more	s than \$100,000	(b) Type of se	TVICE				
Sign Here Under penalties of penunc declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correctly and complete Dictaration of preparir (other than officer) is based on all information of which preparer has any knowledge TIMOTHY WARNER, TREASURER										
Sign Here Corrett/and complete Dictaration of preparity (other than officer) is based on all information of which preparer has any knowledge 1000	d 1	Total r	•		>		-			
Paid Preparer's STACY BIRKY Date Preparer's identifying number (See instr.) Preparer's Use Only Preparer's STACY BIRKY Preparer's identifying number (See instr.)			Signature of officer	occompanying schedules and stateme information of which preparer has any	nts, and to the best of n r knowledge		_	_		
Preparer's Use Only Use Only Centier Bank Centier Bank EIN ▶ STACY BIRKY Centier Bank EIN ▶ Stell-employed, address, and ZIP+4 Valparaiso IN 46383 Valparaiso IN 46383 Centier Bank	D. 11		Type or pnnt name and title	Into In						
if self-employed, address, and ZIP+4 150 West Lincolnway Ste. 1003 Valparaiso IN 46383 Phone ▶ 100 Valparaiso IN 46383	Prepa		STACY BIRKY	1025/10 em	ployed	· · · · · · · · · · · · · · · · · · ·	umber (See inst	r) —	
		·	it self-employed). 150 West Lincolnway St	ce. 1003	Pho	ne 🕨	77-	273	3_	
	May th	ie IRS				_ ▶ [X Ye	es [No	

Form 990-EZ	Other Expenses		Statement 1
Description			Amount
CHANGING OF THE GUARD CONFERENCES FELLOWSHIP ACTIVITIES GUEST LUNCHES HISTORIAN WAIT STAFF/HOLIDAY GIFTS MISCELLANEOUS			179. 240. 481. 1550. 442. 600. 570.
SOFTWARE AND TECHNOLOGY SUPPLIES ROTARY INFORMATION ROTARY INTERNATIONAL DUES, MAGAZINES, INSURANCE ROTARY FOUNDATION SPEEDOMETER/PUBLIC RELATIONS			609. 986. 36. 16416. 145. 381.
Total to Form 990-EZ, line 1	16		22635.
Form 990-EZ	Other Liabilities		Statement 2
Description		Beg. of Year	End of Year
DUE TO ROTARY INTERNATIONAL DUE TO HIGH SCHOOL ATHLETIC ACCRUED EXPENSES		795. 1134. 16113.	500. 4066. 0.
Total to Form 990-EZ, line 2	26	18042.	4566.

FORM 990-EZ	Information Regarding Transfers Associated with Personal Benefit Contracts	<u>.</u>	tater	ment	3
directly of	ganization, during the year, receive any funds, indirectly, to pay premiums on a personal atract?	[]	Yes	[X]	No
	ganization, during the year, pay premiums, indirectly, on a personal benefit contract?.	• []	Yes	[X]	No

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Statement

4

Rotary is an organization of business and professional leaders united worldwide who provide humanitarian service, encourage high ethical standards in all vocations, and help build goodwill and peace in the world.