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Form **990-EZ****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 \$500,000 and total assets less than \$1,250,000 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

**2009****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2009 calendar year, or tax year beginning <u>7/1/2009</u> , and ending <u>6/30/2010</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"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>FISHERS ROTARY CLUB</b> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <u>12982 Shoreline Blvd.</u> City, town, or country State ZIP + 4 <u>McCordsville IN 46055-9670</u>
<b>D</b> Employer identification number <u>35-1846948</u>	<b>E</b> Telephone number <u>(317) 558-6385</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) ►

**I** Website: ► fishersrotary.org

**J** Tax-exempt status (check only one)— ☒ 501(c) ( 4 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

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

**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 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.

**L** 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. **\$ 73,504**

**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>10,859</b>
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	<b>0</b>
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	<b>16,952</b>
	<b>4</b> Investment income . . . . .	<b>4</b>	<b>391</b>
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	<b>0</b>
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	<b>0</b>
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	<b>0</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 \$ <u>0</u> of contributions reported on line 1) . . . . .	<b>6a</b>	<b>32,381</b>
	<b>b</b> Less: direct expenses other than fundraising expenses . . . . .	<b>6b</b>	<b>2,686</b>
<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	<b>6c</b>	<b>29,695</b>	
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	<b>0</b>	
<b>b</b> Less: cost of goods sold . . . . .	<b>7b</b>	<b>0</b>	
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>	<b>0</b>	
<b>8</b> Other revenue (describe ► See Attached Statement) . . . . .	<b>8</b>	<b>12,921</b>	
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	<b>9</b>	<b>70,818</b>	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (attach schedule) . . . . .	<b>10</b>	<b>51,286</b>
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	<b>0</b>
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	<b>0</b>
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	<b>0</b>
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	<b>0</b>
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	<b>391</b>
	<b>16</b> Other expenses (describe ► See Attached Statement) . . . . .	<b>16</b>	<b>22,189</b>
	<b>17</b> <b>Total expenses.</b> Add lines 10 through 16 . . . . .	<b>17</b>	<b>73,866</b>
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	<b>-3,048</b>
	<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>	<b>22,099</b>
	<b>20</b> Other changes in net assets or fund balances (attach explanation) . . . . .	<b>20</b>	<b>0</b>
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	<b>21</b>	<b>19,051</b>

**Part II 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.)

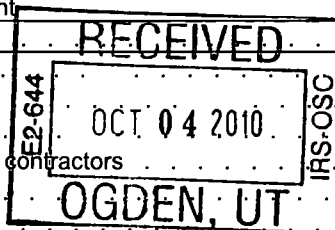
	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	<b>43,368</b>	<b>86,351</b>
<b>23</b> Land and buildings . . . . .	<b>0</b>	<b>0</b>
<b>24</b> Other assets (describe ► Fund raising receivable) . . . . .	<b>0</b>	<b>13,703</b>
<b>25</b> <b>Total assets</b> . . . . .	<b>43,368</b>	<b>100,054</b>
<b>26</b> <b>Total liabilities</b> (describe ► See Attached Statement) . . . . .	<b>21,269</b>	<b>81,003</b>
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	<b>22,099</b>	<b>19,051</b>

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

Form **990-EZ** (2009)

(HTA)

SCANNED OCT 22 2010



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

What is the organization's primary exempt purpose? Fundraising for charities and service projects

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, and other relevant information for each program title.

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

<b>28</b> Donations to local, national and international charities		
(Grants \$ 47,786 ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	47,786
<b>29</b> Scholarships to college bound students		
(Grants \$ 3,500 ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	3,500
<b>30</b>		
(Grants \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	0
<b>31</b> Other program services (attach schedule)		
(Grants \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	0
<b>32</b> Total program service expenses. (add lines 28a through 31a)	<b>32</b>	51,286

**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
Michelle Sybesma Fishers IN	Title President Hr/WK 15.00	0	0	0
William Jerrow Fishers IN	Title President Elect Hr/WK 10.00	0	0	0
Richard Phelan Fishers IN	Title Secretary Hr/WK 10.00	0	0	0
Michael Peterson Fishers IN	Title Treasurer Hr/WK 10.00	0	0	0
James Jordan Fishers IN	Title Vice President Hr/WK 10.00	0	0	0
Thomas Branum Jr. Fishers IN	Title Past President Hr/WK 10.00	0	0	0
Kevin Colvin Fishers IN	Title Director Hr/WK 10.00	0	0	0
David Neufer Fishers IN	Title Director Hr/WK 10.00	0	0	0
Richard Goss Fishers IN	Title Director Hr/WK 10.00	0	0	0
Teri Duran Fishers IN	Title Director Hr/WK 10.00	0	0	0
Brian Lott Fishers IN	Title Director Hr/WK 10.00	0	0	0
Richard Parks Fishers IN	Title Director Hr/WK 10.00	0	0	0
James Thompson Fishers IN	Title Director Hr/WK 10.00	0	0	0
Mike Hagan Fishers IN	Title Director Hr/WK 10.00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0

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

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity. . . . .		X
<b>34</b> Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes. . . . .		X
<b>35</b> 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.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .		X
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N. . . . .		X
<b>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> 0		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		X
<b>38 a</b> 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? . . . . .		X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved. . . . . <b>38b</b> 0		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9. . . . . <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities. . . . . <b>39b</b>		
<b>40 a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the 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 has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. . . . .		X
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. . . . . ▶		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. . . . . ▶		
<b>e</b> 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
<b>41</b> List the states with which a copy of this return is filed. ▶ IN		
<b>42 a</b> The organization's books are in care of ▶ Michael Peterson, Treasurer Telephone no. ▶ (317) 558-6385 Located at ▶ 12982 Shoreline Blvd. City McCordsville ST IN ZIP + 4 ▶ 46055-9670		
<b>b</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> .		
<b>c</b> 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. ▶		
<b>43</b> 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		
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ. . . . .		X
<b>45</b> 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 and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

- 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. . . . . **Yes No**
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. . . . . **47**
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . . **48**
- 49 a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . . **49a** **X**
- b** If "Yes," was the related organization a section 527 organization? . . . . . **49b**
- 50** Complete this table for the organization's 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."

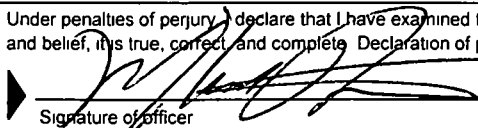
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <b>None</b> . . . . . Str . . . . .	Title			
City . . . . . ST . . . . . ZIP . . . . .	Hr/WK . . . . . .00	0	0	0
Name . . . . . Str . . . . .	Title			
City . . . . . ST . . . . . ZIP . . . . .	Hr/WK . . . . . .00	0	0	0
Name . . . . . Str . . . . .	Title			
City . . . . . ST . . . . . ZIP . . . . .	Hr/WK . . . . . .00	0	0	0
Name . . . . . Str . . . . .	Title			
City . . . . . ST . . . . . ZIP . . . . .	Hr/WK . . . . . .00	0	0	0
Name . . . . . Str . . . . .	Title			
City . . . . . ST . . . . . ZIP . . . . .	Hr/WK . . . . . .00	0	0	0

**f** Total number of other employees paid over \$100,000 . . . . . **f**

- 51** 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."

(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 . . . . .		

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . **d**

<b>Sign Here</b>	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.		
	<div style="display: flex; justify-content: space-between;"> <div>             Signature of officer  <b>Michael Peterson</b>            Type or print name and title         </div> <div>           Date  <b>9/28/2010</b>            Treasurer         </div> </div>		
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Preparer's identifying number (See instructions) Phone no

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

Department of the Treasury  
Internal Revenue Service

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

**Open To Public Inspection**

Name of the organization

FISHERS ROTARY CLUB

Employer identification number

35-1846948

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☒ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☒ Special fundraising events

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
<b>Total</b>				0	0	0

- 3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

IN

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

	(a) Event #1 Indianapolis 500 (event type)	(b) Event #2 Brickyard 500 (event type)	(c) Other events 2 (total number)	(d) Total events (add col (a) through col (c))	
Revenue	1 Gross receipts . . . . .	13,629	6,981	11,771	32,381
	2 Less: Charitable contributions . . . . .	0	0	0	0
	3 Gross income (line 1 minus line 2) . . . . .	13,629	6,981	11,771	32,381
Direct Expenses	4 Cash prizes . . . . .	0	0	0	0
	5 Noncash prizes . . . . .	0	0	0	0
	6 Rent/facility costs . . . . .	0	0	0	0
	7 Food and beverages . . . . .	1,421	705	560	2,686
	8 Entertainment . . . . .	0	0	0	0
	9 Other direct expenses . . . . .	0	0	0	0
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				( 2,686)
	11 Net income summary. Combine line 3, column (d), and line 10 . . . . . ▶				29,695

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue				
1 Gross revenue . . . . .				0
Direct Expenses	2 Cash prizes . . . . .			0
	3 Noncash prizes . . . . .			0
	4 Rent/facility costs . . . . .			0
	5 Other direct expenses . . . . .			0
	6 Volunteer labor . . . . .	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No
7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				( 0)
8 Net gaming income summary. Combine line 1, column d, and line 7 . . . . . ▶				0

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? . . . . .	9a	
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers? . . . . .	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	12	

		Yes	No
<b>13</b>	Indicate the percentage of gaming activity operated in:		
<b>a</b>	The organization's facility . . . . . <b>13a</b> %		
<b>b</b>	An outside facility . . . . . <b>13b</b> %		
<b>14</b>	Enter the name and address of the person who prepares the organization's gaming/special events books and records:  Name ► .....  Address ► .....		
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . <b>15a</b>		
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ► \$ ..... and the amount of gaming revenue retained by the third party ► \$ .....		
<b>c</b>	If "Yes," enter name and address of the third party:  Name ► .....  Address ► .....		
<b>16</b>	Gaming manager information:  Name ► .....  Gaming manager compensation ► \$ ..... 0  Description of services provided ► .....  <input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
<b>17</b>	Mandatory distributions:		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . <b>17a</b>		
<b>b</b>	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$		



Part I, Line 8 (990-EZ) - Other Revenue

12,921

Description		Amount	
1	Meetings	1	12,796
2	Miscellaneous	2	125
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	

**Part I, Line 10 (990-EZ) - Grants and Similar Amounts Paid**

	Class of activity	Grantee's name	Check (X) if grantee is a business	Address	City	State	Zip code	Foreign Country
1		Rotary International Foundation						
2		Water is Life-Wells						
3		Youth Exchange-Inbound						
4		Dictionary Project						
5		RYLA Camp						
6		Art With A Heart						
7		Boy Scouts Of America						
8		Come To Me Food Pantry						
9		Fishers Fire Department						
10		Gleaners Food Bank						
11		Good Samaritan Network						
12		HSE High School Choir						
13		HSE Schools Foundation						
14		Hutson School						
15		Midwest Summer Camp						
16		Partners In Housing Project						
17		Prevail						
18		Project 211						
19		Servants At Work						
20		Community Service Projects						
21		Apple Day						
22		Student Scholarships						

51,286

0 0

Amount of cash grant	Relationship	Description of the property	Purpose of payment to affiliate	Book value	How book value determined	Fair market value	Method used to determine FMV	Date received
17,959								
6,275								
1,802								
3,000								
1,200								
1,000								
1,000								
1,000								
2,700								
750								
1,500								
500								
500								
1,000								
2,000								
1,000								
2,000								
250								
1,200								
711								
439								
3,500								

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

22,189

1	Travel . . . . .	1	
2	Meals and entertainment . . . . .	2	
3	Fundraising . . . . .	3	
4	Amortization . . . . .	4	0
5	Conferences, conventions, and meetings . . . . .	5	604
6	Depreciation . . . . .	6	0
7	Depletion . . . . .	7	
8	Equipment rental and maintenance . . . . .	8	
9	Interest . . . . .	9	
10	Supplies . . . . .	10	
11	Telephone . . . . .	11	
12	Unrelated business income taxes . . . . .	12	0
13	Meetings	13	8,718
14	Membership-International & District dues and subscriptions	14	9,861
15	Badges and member awards	15	958
16	Credit card fees	16	102
17	Chamber of Commerce dues	17	125
18	Insurance	18	13
19	Banners	19	377
20	Internet/software renewals	20	975
21	Fellowship	21	385
22	GSE hosting	22	71
23		23	
24		24	
25		25	
26		26	
27		27	
28		28	

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

0 13,703

Description		Beginning	End
1	Fund raising receivable	0	13,703
2			
3			
4			
5			
6			
7			
8			
9			
10			

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

		21,269	81,003
Description		Beginning	End
1	Donations payable	0	10,700
2	Scholarships payable	3,000	3,500
3	Prepaid member dues	6,305	1,350
4	Accounts payable	0	2,703
5	Restricted funds-Water Is Life	11,964	62,750
6			
7			
8			
9			
10			