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**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 \$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

Α	For the	2009 calendar yea	r, or tax year beginning	July 1	, 2009,	and ending	Ju	ne 30	)	, 20 10
В	Check if ap						D Emplo	yer ide	entification	number
Address change		Tabel or	, Indiany Club					35-6044340		
닞	Name change		Number and street (or P O box, if it	mail is not delivered t	o street address)	Room/suite	E Teleph	one nu	ımber	
M	Initial retur Terminated	2.	P O Box 2026				İ	81:	2-331-3230	ט
H	Amended	Specific		ZIP + 4		<del></del>	F Group	Exer	mption	
H	Application		Bloomington, IN 47402				•	Number >		
=			izations and 4947(a)(1) nonexen	ant aboritable to	ata must attach	G Asso				☐ Accrual
	9 3601		ompleted Schedule A (Form 990		sis must attach		(specify)		U Odsii	L Accidai
	Mahait.	a. b. wassy blace	ningtoprotop, org			l l		If the organization is <b>not</b> attach Schedule B (Form 990,		
	Nebsite		ningtonrotary.org	insert no )	7(a)(1) or 52		EZ, or 990		nedule b (	ronn 990,
	Check ▶	-	nization is not a section 509(a)(3) s		_		-			5,000. A
_			return is not required, but if the or	·				te ret	urn	
			ne 9 to determine gross receipts; if \$					\$	( D1	11
L	art I		penses, and Changes in I					tions	for Part	
	1		ıfts, grants, and similar amoun				·	1		18,435
	2	Program service	revenue including governmer	nt fees and contra	acts		· ·	2		
	3	Membership due	es and assessments					3		78,735
	4	Investment incor	me				[	4		2
	5a	Gross amount fr	om sale of assets other than I	nventory	<u>5a</u>					
	b	Less: cost or oth	ner basis and sales expenses		5b	<u> </u>	8			
_	С	Gain or (loss) fro	m sale of assets other than in	ventory (Subtrac	t line 5b from l	ine 5a)		5c		
Ę	6	Special events and a	ctivities (complete applicable parts of	Schedule G). If any ar	mount is from gam	ing, check here				
Revenue	a	Gross revenue (r	not including \$	of contril	outions		l i			
ě		reported on line	1)			1				
_	ь		enses other than fundraising e							
	c		oss) from special events and a			line 6a)		6c		
	7a		nventory, less returns and allow			Ĭ				
	b	Less: cost of go	•							
	C	-	loss) from sales of inventory (S			I		7c		
	8	Other revenue (c	•	abilati iii o i b ii				8		
	9		Add lines 1, 2, 3, 4, 5c, 6c, 7c,	and 8	RECE	IVED	<b></b>	9		97,172
_	10		lar amounts paid (attach sche				이	10		22,456
	111		or for members		<u>.</u>		) :	11		57,234
co.		•		ור	S NOV 1	5 2010	0 :	12		6,957
Se	13		compensation, and employee to				&I : F	13		418
e L	. 14		s and other payments to indep				╚┪╴┞	14		2,235
Expenses	14		t, utilities, and maintenance	1	OGDE	NUL	<u>-</u> ] · }	15		730
	1.0		tions, postage, and shipping (describe Travel & Meetin				· ; ŀ	16		4,996
	16						— <u>·</u> '			
_	17		. Add lines 10 through 16 .					17	-	95,026
Net Assets	18		it) for the year (Subtract line 1)					18		2,146
SS	19		und balances at beginning of ire reported on prior year's reti							00.470
Ž	1		•	•			<b>}</b> ~	19		20,470
Ž	20		n net assets or fund balances					20		
_	21		nd balances at end of year. Co					21	-1 -4 F	22,616
	Part II	Balance She	eets. If Total assets on line 25		aı,∠ou,uuu or					
		(See the instructions for Part II.)  (A) Beginning of							d of year	
2		· · · · · · · · · · · · · · · · · · ·	investments			1	13	,245		17,483
2									23	
2		Total liabilities (describe ▶)						,225		5,034
2							20	,470		22,616
2	6 To								26	
2	7 Ne	at assets or fund	halances (line 27 of column (	R) must agree w	uth line 21)		20	470 l	27	22 616

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

Cat No 106421

Form **990-EZ** (2009)

Par	Statement of Program Service Accom	plishments (See the instru	uctions for Part II	l.)		Expenses		
Vha	is the organization's primary exempt purpose?	Social Service Organization				ired for section		
		ganization's exempt purposes. In a clear and concise						
	· · · · · · · · · · · · · · · · · · ·	of persons benefited, and other relevant information for				a)(1) trusts, optional		
ach	program title.				for ot			
28	<b>Bloomington Rotary Foundation contributions honor</b>	ring deceased. Used to supp	ort Teachers Ware	house				
	and other local service organizations							
	(Grants \$ 2,665) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	28a	2,665		
29	· · · · · · · · · · · · · · · · · · ·	rofit organization that provid	es school supplies					
	free of charge to local to charge				Ì			
	(Grants \$ 1,929) If this amount	includes foreign grants, che	eck here	▶ □	29a	1,929		
30	Scholarships to local youth to allow them to continu							
•								
	(Grants \$ 4,200) If this amount	includes foreign grants, che	ack hara	<b>N</b> (1)	30a	4,200		
21	Other program services (attach schedule)				Sua	4,200		
31	· · · · · · · · · · · · · · · · · · ·	includes foreign grants, che			31a	13,662		
32	Total program service expenses (add lines 28a t				32	22,456		
	List of Officers, Directors, Trustees, and Key							
- all	List of Officers, Directors, Trustees, and Rey	(b) Title and average	(c) Compensation	(d) Contributio		(e) Expense		
	(a) Name and address	hours per week	(If not paid,	employee benefit	plans &	account and		
	- <u>_ ,</u>	devoted to position	enter -0)	deferred comper	nsation	other allowances		
	n Bookout	President, 15	_					
	Tamarron Dr., Bloomington, IN 47408		0					
	Meyer	President-Elect, 3	_					
	Tapps Turn, Bloomington, IN 47401		0	<del>-</del>				
	perly Gray	Secretary, 10						
1909	E. Maxwell Ln., Bloomington, IN 47401		0					
	e Eberle	Treasurer, 5						
7675	N. Tunnel Rd., Unionville, IN 47468	710000101,0	. 0					
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Part	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		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		1
	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 why the organization did not report the income on Form 990-T.			
	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?	35a		1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	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	36		
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		✓
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 outstanding at the end of the period covered by this return?	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b			
39	Section 501(c)(7) organizations. Enter:	1	1	:
а	Initiation fees and capital contributions included on line 9	<u> </u>	]	
b	Gross receipts, included on line 9, for public use of club facilities	]		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	İ		
	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	40b		1
	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			
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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		1
41	List the states with which a copy of this return is filed. ▶ Indiana			
42a	The organization's books are in care of ▶ Lance Eberle Telephone no. ▶	312-33	1-323	0
	Located at ► 1405 N. College Ave., Bloomington, IN ZIP + 4 ►	47404		
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		Yes	No
	account)?	42b	<u> </u>	1
	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.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		✓
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			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	<u> </u>	1.03	
	Form 990-EZ	44	<u> </u>	1
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If		$\dagger$	<b> </b>
70	"Yes," Form 990 must be completed instead of Form 990-EZ	45		1
		<del></del>	<del></del>	<u>.                                     </u>

Part V	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section 4947(a)(1) no 17(a)(1) nonexempt ch id 51.	nexempt chari aritable trusts r	table trusts only. A nust answer questic	ll sections 46	on 49b
46	Did the organization engage in direct or indirect	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			46	<b>V</b>
	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II					
48	is the organization a school as described in section	ne organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E				
	Did the organization make any transfers to an ex		ated organization	1?	49a	
	If "Yes," was the related organization a section 5				49b	
	Complete this table for the organization's five hi					
	employees) who each received more than \$100,	(b) Title and average	(c) Compensation			
	(a) Name and address of each employee paid more	hours per week	(b) compensati	employee benefit plans & deferred compensation	accou	pense int and
None	than \$100,000	devoted to position		delerred compensation	other all	owances
140716						
	<del></del>			<del></del> -		
			İ		}	
				<del></del>		
	Complete this table for the organization's five is \$100,000 of compensation from the organization			ractors who each rec	eived m	ore than
	(a) Name and address of each independent contractor	paid more than \$100,000	(t	) Type of service	(c) Comp	ensation
None						
			<del></del>			
	·					
		<del></del>				
d	Total number of other independent contractors of	each receiving over \$10	0,000▶			
· <u>·</u>	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete Declaration	ed this return, including accome of preparer (other than officer	panying schedules ar	nd statements, and to the benation of which preparer has	st of my kr any knowl	nowledge edge
Sign Here	Signature of officer Date					
	Lance Eberle, Treasurer					
	Type or print name and title		12	Preparer's identifying nui	-b/^-	ata cates1
Paid Prepare	Preparer's signature	Date	Date Check if self-employed ▶ ☐			structions)
Use On	I Find Shalle for A					
	address, and ZIP + 4			Phone no	1	<del></del>
May th	e IRS discuss this return with the preparer show	n above? See instruction	ns	<b>▶</b> [	<u>Yes </u> m 990-	<b>No EZ</b> (2009)

## Bloomington Rotary Club 2009 Form 990 Part III – State of Program Service (cont.)

- 30a. Bloomington Rotary Club Foundation local non-profit organization that supports local service organizations. \$228
- 30b. Rotary International Foundation not-for-profit corporation supported by the voluntary contributions from Rotarians to support the improvement of health, support of education and alleviation of poverty \$12,100
- 30c. International Youth Exchange sponsorship for international student to study within the United States \$1,334